

**SCHOOL DISTRICT OF PHILADELPHIA
AUTHORIZED SIGNERS for BANK ACCOUNTS**

Name of Bank: _____

Branch Location: _____

School /Office: _____ Org # _____

School/Office Address: _____

Name of Account: _____

Account #: _____

STUDENT ACTIVITY IMPREST

Date: _____ ACCM: _____

Employee (Please Print Clearly):	Title:	Employee ID#:	1. Signature: 2. Phone Number and Email:	Add	Delete	Remain
			1. _____ 2. _____			
			1. _____ 2. _____			
			1. _____ 2. _____			
			1. _____ 2. _____			

The employees noted above are the authorized signers for the referenced School District fund, and are to be added or deleted as indicated.
Complete one signature authorization form for each Bank Account that is part of the referenced fund.

Reason (Check One):

Opening Account

Closing Account

Updating Signer(s)

Other: _____
(Please Explain)

Signatures of Review and Approvals / Date:

Assistant Superintendent: _____

Comptroller's Office: _____

To be completed by Accounting	To be completed by Treasury	
Date submitted to Treasury	Form Approved (Please initial)	Date of Authorization Letter