

**UNIVERSITY OF WEST FLORIDA
FINANCIAL SERVICES OFFICE
REQUEST FOR ONLINE FORM ACCESS**

I hereby authorize the following individuals to access online transmittals of collections:

AUTHORIZED SIGNATURES

Printed Name

Signature

Email Address

UWF ID Number

The department creating the forms is responsible for maintaining accountability of them. This includes all voided forms and the appropriate departmental copy for audit purposes.

DEPARTMENT HEAD APPROVAL

Printed Name (Supervisor)

Signature

Department Name

Index/Fund

Date

Brief statement regarding the use of the form to be indicated below:

FINANCIAL SERVICES APPROVAL

Approved by:

Date:
