



# Agency Signature Authorization for Vendor Maintenance

Business Unit Name: \_\_\_\_\_  
Business Unit ID: \_\_\_\_\_

1 \_\_\_\_\_  
Name  
 Add New Authorizer       Remove Existing Authorizer

\_\_\_\_\_  
Signature

2 \_\_\_\_\_  
Name  
 Add New Authorizer       Remove Existing Authorizer

\_\_\_\_\_  
Signature

3 \_\_\_\_\_  
Name  
 Add New Authorizer       Remove Existing Authorizer

\_\_\_\_\_  
Signature

4 \_\_\_\_\_  
Name  
 Add New Authorizer       Remove Existing Authorizer

\_\_\_\_\_  
Signature

5 \_\_\_\_\_  
Name  
 Add New Authorizer       Remove Existing Authorizer

\_\_\_\_\_  
Signature

6 \_\_\_\_\_  
Name  
 Add New Authorizer       Remove Existing Authorizer

\_\_\_\_\_  
Signature

As Fiscal Officer or Designee, I grant permission to the above individual(s) to request updates and/or changes to any vendor information in Cardinal, on behalf of the named agency.

\_\_\_\_\_  
Fiscal Officer or Designee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: If designee signs, a delegation of signing authority must be on file with the Department of Accounts. This form only authorizes requests for changes to vendor records in Cardinal.