Date: Company / BU #: Agency Name:

Submitted By: System (Choose 1): HCM: FSCM:

*Printed* Name of Signature Authority:

**PLEASE FOLLOW THESE STEPS TO SUBMIT A SIGNATURE CHANGE.**

1. **Print this form. Please submit a separate form for HCM and FSCM signatures.**
2. Please use **black** ink ball point or a medium felt tip pen so it can be scanned for the best possible resolution.
3. Sign your name three times, once in each of the underlying boxes.
4. Signatures must fit within the lines outlining the area of the box on the form. (Refers to both height and width.)
5. Mail the original printed form to SAO. Do not submit the form via e-mail. For HCM, mail to the attention of the Teamworks - HCM Team. For Financials, mail to the attention of Teamworks – FSCM Team.

State Accounting Office

200 Piedmont Avenue SE

Suite 1604 West Tower

Atlanta, Georgia 30334-9010

1. When the form is mailed, send a notification e-mail to HCM@sao.ga.gov or FSCM@sao.ga.gov.

For SAO Use Only

Received By: Date: