Date: Company / BU #: Agency Name:

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

*Printed* Name of Signature Authority:

Approved By: Approver Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE FOLLOW THESE STEPS TO SUBMIT A SIGNATURE:**

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.
5. Scan and email the form to SAO. For HCM, email to the attention of the Teamworks - HCM Team. For Financials, e-mail to the attention of TeamWorks – FSCM Team.
6. Send e-mail to HCM@sao.ga.gov or FSCM@sao.ga.gov*.*
7. ***For a signature change****, include the following in the notification email - a. Name of previous authorized signer, b. Name of new authorized signer, c. Effective date of change, d. List of accounts affected.*

**For SAO Use Only**

Received By: Date: