



UNIVERSITY
of ALASKA
Many Traditions One Alaska

STOP PAYMENT ORDERS - AUTHORIZED SIGNERS

UNIVERSITY/CAMPUS/DEPT: _____

The following individuals may approve: Accounts Payable _____ Payroll _____
Imprest bank accounts _____

All signatures on form must be wet signatures.

Name (printed): _____ Signature: _____

Name (printed): _____ Signature: _____

Name (printed): _____ Signature: _____

Name (printed): _____ Signature: _____

The signer with authority (see below), may approve Stop Payment orders when other signers are unavailable.

Note: Per audit requirements, an up-to-date Authorized Signer Sheet must be on file.

These signatures supersede any previous submissions. Once complete, please email to UA-Cash@alaska.edu.

Authorized by: _____
(VC, AVC, UA CFO, Controller, President of Foundation, Director, CHRO, or equivalent)

Title: _____

Date: _____