

# CopyGuard Account Authorization

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## Section A

Enable Account

Disable Account

Banner Code \_\_\_\_\_  
  FUND    ORG    PROGRAM

If this is a SPFAC account, what is the end date of the grant? \_\_\_\_\_

*Provide the account numbers to charge copy usage. If you have multiple accounts for your department, provide a separate Account Authorization form for each. Your account authorization cannot be activated without also submitting a CopyGuard User Authorization form, which lists all the users authorized to charge to the account being enabled. Please include the end date if applicable to this account.*

## Section B

### Authorizing Person Information

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

*This information and above signature are the person who authorizes expenditures on the account listed in Section A.*

Name \_\_\_\_\_ Email \_\_\_\_\_

Dept. \_\_\_\_\_ Phone \_\_\_\_\_

## Section C

### Contact Person Information

1. Name \_\_\_\_\_ Email \_\_\_\_\_

Dept. \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Email \_\_\_\_\_

Dept. \_\_\_\_\_ Phone \_\_\_\_\_

*This is for the person(s) who will be the day-to-day contact person for the CopyGuard account. You may also list a backup day-to-day contact person.*

## Section D

### Monetary Information

Do you want a monetary limit on this CopyGuard account?

No  Yes    If yes please give an account limit for the fiscal year \$ \_\_\_\_\_

*If your account is depleted of funds, your account will be locked. You will need to contact Printing Services to increase the monetary limit and release the hold on this CopyGuard account.*