



**Common Disbursement System (CDS)
Independent School Authority - User Access Change Request Form**

Authority No. _____ Authority Name _____

Add/Remove	First Name	Last Name	Phone Number	Email Address

NOTE: Complete all fields for each individual.

Name
School Authority Chairperson

Signature

Date

Email to: Ameer Adam
Funding and Allocation Branch
Phone: (250) 356-7821
Email: ECC.CDS@gov.bc.ca

OFFICE USE ONLY

Expense Authority Approval

Signature	Print Name	Date
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