



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

School District No. \_\_\_\_\_ School District Name: \_\_\_\_\_

Add/Remove	First Name	Last Name	Phone Number	Email Address

**NOTE: Complete all fields for each individual.**

\_\_\_\_\_  
Name  
Secretary Treasurer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

<b>OFFICE USE ONLY</b>		
<b>Expense Authority Approval</b>		
Signature	Print Name	Date