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| R:\New Logo\color logo combo.jpg  Campus Bank Account Request/Change Form |
| **New Account** | **Increase Funds** | **Decrease Funds** | **Signature Change** | **Notification of Account Closeout*****Please include copy of final bank statement and reconciliation***  |
| **Research Foundation Account Information** |  |
| Project | Task | Award | Project Director |
| Mailing address for statements | **Bank name and branch mailing address** |
|  |  |
| Requested bank account period | From | To | Funding limit/increase/decrease for the bank account: $  |
| Purpose of the account |
| Administrative Information: At least two signatories are required  |
| Authorized account signatories | Name | Title |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
|  | **Name** | **Title** |
| Monthly reconciliation of the account will be performed by (Separate individual from check holder & depositor) |  |  |
| Blank checks for the account will be held by |  |  |
| Deposits to the account will be made by |  |  |
| Operations Manager Signature |  |  |