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| R:\New Logo\color logo combo.jpgCampus 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 |
|  | | | | |  | | | |  |
|  | | | | |  | | | |  |
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|  | | | | | | | | | |
|  | | | | | **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 | | | | |  | | | |  |