



Campus Bank Account Request/Change Form

New Account <input type="checkbox"/>	Increase Funds <input type="checkbox"/>	Decrease Funds <input type="checkbox"/>	Signature Change <input type="checkbox"/>	Notification of Account Closeout <i>Please include copy of final bank statement</i> <input type="checkbox"/>
Research Foundation Account Information				
Project	Task	Award	Project Director	
Mailing address for statements			Bank name and branch mailing address	
Requested bank From To			Funding limit/increase/decrease for the bank account:	
account Timeframe			\$	
Purpose of the account				
Administrative Information				
Authorized Signature	Authorized signatory name (Printed)		Title and Email Address	
		Name	Title	
Monthly reconciliation of the account will be performed by				
Blank checks for the account will be held by				
Deposits to the account will be made by				
Operations Manager Signature				

Once form is complete, click email: rfsbankaccountrequests3@rfsuny.org to send signed form and any associated documents.