

- New
- Revision

BINGHAMTON UNIVERSITY

FOUNDATION

Agency Account Authorization

Internal Use Only						
Account Number						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	5				
5						
Type _____	Department _____					
Division/School _____						
Organizational Code _____						
Fee _____						

NOTE: PLEASE COMPLETE SECTIONS 1 - 5

1. Account Name: _____

- Responsibility Assigned to (custodian): _____

Name (print)
Email Address

- Send Monthly Reports to: _____

Name (print)
Email Address

- Effective Date: _____ Form Completed by: _____

- Funds for Deposit obtained from: _____

- Expenditures Authorized for: _____

2. Fee: In accordance with the policies adopted by the Foundation Board of Directors, an administrative fee will be charged on all funds received for deposit in the account. This fee is applied to the account on a calendar quarter basis, is reviewed annually and is subject to change by the Foundation Board.

3. The following persons are the only ones authorized to expend funds from this account. Their signatures signify their understanding and acceptance of the purpose, conditions, Foundation guidelines, and fee stated above. In addition, the following persons agree not to overdraw the account, and further agree that should an overdraft occur, the sponsoring office, department or school will be responsible for such overdraft.

Name (print)	Signature
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- | | | |
|--|--|--|
| Custodian: (required) | | |
| Additional Signer 1: (required) | | |
| Additional Signer 2: (optional) | | |
4. Acknowledged and Approved: **(required)**

 - Department Chairperson: _____

Date

 5. Acknowledged and Approved: **(one signature required)**

 - Dean: _____

Date

 - Vice-President: _____

Date

 6. Approved: Foundation Assoc. Executive Director: _____

Date

 7. BU Vice President of Administration: _____

Date