



Southern University System Foundation

3rd Floor, J.S. Clark Administration Building
 Post Office Box 2468
 Baton Rouge, Louisiana 70821-2468
 Phone #: (225) 771-3911
 Fax #: (225) 771-3242

ACCOUNT INFORMATION FORM

DATE:		ACCOUNT NAME:	
CONTACT NAME & ADDRESS:		CONTACT PERSON TITLE/POSITION	
		DEPT./DIV.:	
PHONE NUMBER:		COLLEGE:	
FAX NUMBER:		CAMPUS ADDRESS:	
		CAMPUS EXT.:	
DESCRIPTION/PURPOSE OF THE ACCOUNT <small>(Please attach any additional documentation concerning donor restrictions)</small>			

Place an (X) by the appropriate choice.

<u>Primary Donors</u> <input type="checkbox"/> Corporations <input type="checkbox"/> Foundations <input type="checkbox"/> Individuals <input type="checkbox"/> Alumni	<u>Fund Type</u> <input type="checkbox"/> Endowment <input type="checkbox"/> Non-Endowment <input type="checkbox"/> Other
---	--

ACCOUNT BEGINNING BALANCE:	\$
----------------------------	----

AUTHORIZED SIGNATURES

Signatures of those authorized to make additions and withdrawals and to act in connection herewith are indicated below:

Signature	Print Name
Signature	Print Name
Signature	Print Name
*SUBMITTED AND APPROVED BY:	
Signature	Print Name

Note: Chancellor's approval required for all new accounts. Names/signatures of persons authorized to receive information on accounts is also required.

FOUNDATION USE ONLY			
COLLEGE NAME:			
DEPT. CODE:			
		MAIL ACCT. INFO. TO:	
		APPROVED BY:	COMPUTER INPUT DATE: