

ACCOUNT INFORMATION FORM

DATE _____

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

(Please attach any additional documentation concerning donor restrictions)

PLEASE PLACE AN (X) BY THE APPROPRIATE CHOICE

PRIMARY DONORS

- Corporations
- Foundations
- Individuals
- Alumni

FUND TYPE

- Endowment
- Non-Endowment
- 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
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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	

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