

SOUTHERN FOUNDATION

NEW ACCOUNT FORM

DATE _____

| | | |
|--|---|-------------------|
| DATE: _____ | ACCOUNT NAME: _____ | |
| CONTACT NAME AND ADDRESS: _____ _____ _____ | CONTACT PERSON TITLE/POSITION: _____ _____ _____ | |
| DEPARTMENT/DIVISION: _____ _____ | COLLEGE: _____ _____ | |
| PHONE NUMBER: _____ | FAX NUMBER: _____ | CAMPUS EXT: _____ |
| CAMPUS ADDRESS: _____ | | |

DESCRIPTION/PURPOSE OF THE ACCOUNT

(Please attach 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 |
|--------------------|---------------------|

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: | _____ |
| DEPARTMENT CODE: | _____ |
| MAIL ACCOUNT INFO TO: | _____ |
| APPROVED BY: | _____ |
| COMPUTER INPUT DATE: | _____ |