

<b>DATE:</b>		<b>ACCOUNT NAME:</b>	
<b>CONTACT NAME AND ADDRESS:</b>		<b>CONTACT PERSON TITLE/POSITION:</b>	
<hr/> <hr/> <hr/> <hr/>		<hr/> <hr/> <hr/> <hr/>	
<b>DEPARTMENT/DIVISION:</b>		<b>COLLEGE:</b>	
<hr/> <hr/>		<hr/> <hr/>	
<b>PHONE NUMBER:</b>		<b>FAX NUMBER:</b>	
<b>CAMPUS EXT:</b>			
<b>CAMPUS ADDRESS:</b>			

**DESCRIPTION/PURPOSE OF THE ACCOUNT**

*(Please attach additional documentation concerning donor restrictions)*

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**PLEASE PLACE AN (X) BY THE APPROPRIATE CHOICE**

**PRIMARY DONORS:**    \_\_\_ Corporations    \_\_\_ Foundations    \_\_\_ Individuals    \_\_\_ Alumni

**FUND TYPE:**    \_\_\_ Endowment    \_\_\_ Non-Endowment    \_\_\_ Other

In addition to donations, will this fund be used for the following:

\_\_\_ Sponsorships    \_\_\_ Event Registrations    \_\_\_ Merchandise Sales    \_\_\_ Membership

<b>ACCOUNT BEGINNING BALANCE</b>	\$ _____
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<b>AUTHORIZED SIGNATURES</b>
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*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

**UNIVERSITY / COLLEGE / UNIT DIRECTOR OF DEVELOPMENT**

Signature	Print Name
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**CHANCELLOR'S APPROVAL**

Signature	Print Name
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**SUSF 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.*