

BINGHAMTON UNIVERSITY AGENCY ACCOUNT

New Agency Account Authorization BINGHAMTON UNIVERSITY FOUNDATION

Internal Use Only	
Account Number	
5	
Type _____	Department _____
Division/School _____	
Organizational Code _____	
Fee _____	

Fee: There is an administrative fee based on deposits. This fee is subject to change with Foundation Board of Directors approval.

1. Account Name: _____

Effective Date: _____ Form Completed by: _____

Source of Funds: _____

Purpose/Description (Attach sheet if necessary): _____

2. 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.

Custodian: (required)		
	Name (print)	Signature
Additional Signer 1: (required)		
	Name (print)	Signature
Additional Signer 2: (optional)		
	Name (print)	Signature
Additional Signer 3: (optional)		
	Name (print)	Signature
Additional Signer 4: (optional)		
	Name (print)	Signature

3. Send Monthly Reports to:

Report Contact 1: (required) _____	Report Contact 3: (optional) _____
Name (print)	Name (print)
Report Contact 2: (optional) _____	Report Contact 4: (optional) _____
Name (print)	Name (print)

4. Acknowledged and Approved: **(3 signatures required)**

Department Chair or Supervisor: _____		
	Name (print)	Signature
		Date
Dean or Director: _____		
	Name (print)	Signature
		Date
VP/Division Head: _____		
	Name (print)	Signature
		Date

5. Approved: University Representative: _____ Date

6. Approved: Foundation Executive Director: _____ Date