

**REQUEST TO ESTABLISH AN AGENCY FUND ACCOUNT
OR
REVISE AN EXISTING ACCOUNT**



*FOR FUNDS HELD BY THE INSTITUTION AS CUSTODIAN/FISCAL AGENT FOR
INDIVIDUAL STUDENTS, FACULTY, STAFF MEMBERS, OR UNIVERSITY ORGANIZATIONS*

IF THERE IS NO ACTIVITY IN THE ACCOUNT FOR 3 YEARS, THE FUNDS WILL BE FORFEITED.

FROM: _____
(REQUESTING ORGANIZATION/DEPARTMENT/INDIVIDUAL)

ACCOUNT NAME: _____

NEW ACCOUNT **EXISTING ACCOUNT** **EXISTING ACCOUNT NUMBER:** _____

PURPOSE OF ACCOUNT:

DISBURSEMENT AUTHORITY:

PRINT NAME/COST CENTER HEAD	EMAIL/PHONE	SIGNATURE
PRINT NAME/PRESIDENT, TREASURER, ETC.	EMAIL/PHONE	SIGNATURE
PRINT NAME/ADVISOR	EMAIL/PHONE	SIGNATURE
PRINT NAME/TITLE OF ADDITIONAL SIGNATOR	EMAIL/PHONE	SIGNATURE

DATE OF REQUEST: _____

**Forward to: CONTROLLER'S OFFICE
UNA BOX 5001
BIBB GRAVES HALL ROOM 102**

TO BE COMPLETED BY CONTROLLER'S OFFICE

BEGINNING DATE: _____

AGENCY FUND NUMBER ASSIGNED: _____