



Request To Establish or Revise An Agency Fund 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 /Departmental 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:

SEND REQUEST TO:

Controller's Office| UNA Box 5001| 601 Cramer Way, Room 103

Beginning Date: _____

Agency Fund Number Assigned: _____