



Bank Account Request Form

Complete all appropriate section(s) of this form for approval to open, change or close a university bank account. Request for new accounts should be submitted at least 60 days prior to desired “go-live” date. Complete one form per account. For additional details, refer to the Bank Account policy.

Requestor

Date:

Department Name:

Department Address:

Requestor Name:

Requestor Email and Telephone:

Request to: ☐ Open Account (Part I) ☐ Change Account (Part II) ☐ Close Account (Part III)

Signatory

By signing below, I accept responsibility for this bank account, and I acknowledge and accept responsibility for the ongoing oversight of the account in accordance with the Bank Accounts policy. Oversight includes regular monitoring of bank account activity, ensuring completion of the required monthly reconciliation process, and ensuring adequate departmental controls regarding cash and banking activities are in place.

Name:

Title: Choose an item.

Signature:



Part I: Request to Open New Bank Account

Bank Account Name:

Legal Entity Name:

Legal Entity Tax ID, EIN or equivalent:

Account Address:

Service Type: ☐ Checks ☐ ACH/Wire ☐ Other

Explain Source of Funding:

Estimated Annual Program Revenues/Expenses (Attach a copy of the annual budget):

Designate responsible individuals for the following roles:

- Overall program responsibility:
- Preparation of bank account reconciliations:
- Review of bank account reconciliations:
- Perform transactions including check writing, if applicable
- View online bank activity, if applicable

List and Limitation of Authorized Users:

Name	Title	Department	Role

For Treasury Use Only

Open Date:

Bank/Location:

Account Number:



Part II: Modify Existing Bank Account

Bank Account Name:

Bank Account Number:

Reason for Update:

- | | |
|---|---|
| <input type="checkbox"/> Change Authorized Signer | <input type="checkbox"/> Address Change |
| <input type="checkbox"/> Change Banking System User | <input type="checkbox"/> Change Account Purpose or Type |
| <input type="checkbox"/> Change Responsible Individuals | <input type="checkbox"/> Other (specify) |

Information to be updated (Attach relevant documentation):

Name:

Title:

Signature:

For Treasury Use Only: Date Completed

Part III: Close Existing Bank Account

Bank Account Name:

Account Number:

Reason for Closing Account:

- ☐ Change of Business Purpose
- ☐ No Activity/Dormant Account
- ☐ Other (specify)

Required Confirmation:

- ☐ The bank account has a \$0 balance (attach final bank statement)

Name:

Title:

Signature:

For Treasury Use Only: Date Account Closed