

# Request for Establishing a Bank Account Form

**This section to be completed by requesting department:**

Department Name: \_\_\_\_\_

Custodian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Purpose of Bank Account (attach additional sheets/documentation as necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Advance Amount Requested: \_\_\_\_\_

Date Needed: \_\_\_\_\_

University FRS Account Identified for Reimbursement: \_\_\_\_\_

Requested by: \_\_\_\_\_

Custodian Signature

Date

Approved by: \_\_\_\_\_

Dean/VP Signature

Date

**This section to be completed by Treasury Services:**

\_\_\_\_\_  
Associate Director, Treasury Services

Approved

Disapproved

\_\_\_\_\_  
Director, Treasury Services

Approved

Disapproved

\_\_\_\_\_  
Asst. VP for Business Services & Treasurer

Approved

Disapproved

**Bank Account Information:**

Account Number: \_\_\_\_\_ Institution: \_\_\_\_\_

Name of Account: \_\_\_\_\_