REQUEST TO OPEN A BANK ACCOUNT USING UNIVERSITY’S NAME AND/OR TAX IDENTIFICATION NUMBER

INSTRUCTIONS

Complete all sections and include additional attachments or information as necessary. Return this request to the Treasurer’s Office located on the 5th floor of the Administration Tower at least 30 days prior to advertising or committing to the proposed activity. If you have any questions, please contact the Treasurer’s Office at 979-2888.

ACCOUNT INFORMATION

Name of department or division: ________________________________

Intended purpose of bank account:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Proposed account name: (All account names must begin with Jackson State University or JSU.)
________________________________________________________________________

Source of funds used to open account:
________________________________________________________________________

Nature of future deposits/disbursements:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Proposed Start Date: ________________

***The University President and the Senior Vice President will be the only authorized signatories on all accounts bearing the University’s name and/or tax identification number.***

Printed Name / Title: ________________________________

Signature: ________________________________ Date: ________________

UNIVERSITY APPROVALS

Associate Treasurer
Signature: ________________________________ Date: ________________

Senior Vice President
Signature: ________________________________ Date: ________________