

**JACKSON STATE UNIVERSITY  
OFFICE OF THE TREASURER**

**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 5<sup>th</sup> 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: \_\_\_\_\_