

**JACKSON STATE UNIVERSITY
OFFICE OF THE TREASURER**

**REQUEST FOR AUTHORIZATION TO USE THE
UNIVERSITY'S BANK ACCOUNT INFORMATION**

INSTRUCTIONS

Complete all sections and include additional attachments or information as necessary. Return this form to the Treasurer's Office located on the 5th floor of the Administration Tower at least 15 days prior to advertising or committing to the proposed activity. The authorization decision will be sent via email to the requesting party. If you have any questions, please contact the Office of the Treasurer at 979-2888.

REQUESTING DEPARTMENT

Name of department or division: _____

Intended purpose of bank account:

Nature of deposits/disbursements the account will be used for:

Proposed Start Date: _____

Printed Name / Title: _____

Email Address: _____

Signature: _____ Date: _____

UNIVERSITY APPROVALS

The requesting department indicated above is hereby authorized to utilize the financial information for the following Jackson State University account solely for the purposes described in this document.

Account Name: _____ *Financial Institution:* _____

Associate Treasurer

Signature: _____ Date: _____

Senior Vice President

Signature: _____ Date: _____