

CSFPF ACCOUNT SET UP FORM

- Account Signer must be a campus employee
- Original Signatures Required
- Endowment Accounts are only established and placed into the pool at \$25,000 or above
- Return completed New Account Form to CP-850, Advancement Services

Account Name		Acc	Account Number (For CSFPF Use Only)		Spending Distribution Account Number (Endowments Only)
					(Endowments Only)
College/Division				Departme	nt/UA – Account Contact Person
Account Type				Gift/Fundr	aising Related
☐ Scholarship ☐ Campus Program		ram 🗆	☐ Endowment ☐ Add to Giving Page (Advancement Services approval ne		
			□ Permanent		ges campus program accounts that are funded
			Quasi (CSFPF Approval Needed)	by gift fund	raising
Fund Purpose:					
Authorized Signatories					
At least two signatories are necessary for all accounts. All signers will have online monthly report access. By signing this					
form, you certify that there are no third party agreements associated with these funds and that there are no separate financial statements prepared reflecting these funds as revenue and expense.					
Primary Signatory (Primary Signatory Agreement on file with CSFPF is required)					
Name:	iory (i minury signatory	- Greenene	Off file With Collins	CSUF Ema	il·
Signature:					
Secondary Signatory					
Name:			CSUF Emai		il:
Signature:					
Third Signatory/Fourth Signatory					
Name:		Signature:		(SUF Email:
Name:		Signature:		C	SUF Email:
Disposition of funds upon closure:					
Online Month End Report Access (other signatories)					
Name:					
CSUF Email:					
University Approval (President, Vice President or Delegate)					
I approve the establishment/update of the account and the authorized signatories as stated above.					
Name:			Signature: Date:		
Advancement Services Use Only					
Approval: Date:					
CSFPF Use Only					
Entered by:		Date O	pened:		Approved: