

ACCOUNT REPORT ACCESS

In addition to Authorized Account Signers, the individual(s) listed below will be given access only to Foundation account reports:

1.)	_____	_____
	Name	Email Address
2.)	_____	_____
	Name	Email Address
3.)	_____	_____
	Name	Email Address
4.)	_____	_____
	Name	Email Address

SUPPORTING DOCUMENTATION

Please attach all applicable supporting documentation related to account type:

Memorandum & Supplemental Docs
(Required for College, Department, Center/Institute, or Program initiated accounts)

Scholarship Criteria
(Required for all scholarship related accounts)

Donor Agreement or Correspondence
(Required for all endowments)

DELEGATION OF AUTHORITY APPROVAL

My signature certifies I have reviewed this Account Setup Agreement Request and grant Delegation of Signature Authority access to the individual listed above. I certify that this access is appropriate and relevant to the duties and responsibilities they have been appointed to do through their position. Additionally, I acknowledge the individuals named as signatory shall ensure all funds expended from this account will be for the purposes described herein. All Authorized Account Signers will be held responsible for upholding CSFPF and CSUF policy and procedures, restrictions imposed by the donor, and anything else outlined by this agreement.

I understand that all property or equipment purchases with funds from the established account shall become the property of CSFPF and CSUF. In the event the account is terminated, all funds and property shall remain with CSFPF. Disposition of funds may include consolidating funds to a similarly restricted Foundation account unless existing restrictions prohibit such a transfer. This agreement request will be reviewed every five (5) years or sooner.

Division Head or Designee (designee must be on file with the Foundation)	_____	_____
	Print Name	Title
	_____	_____
	Signature	Date

Advancement Services & CSFPF Approvals

Advancement Services: _____

Approved Date

CSFPF: _____

Approved Date

Entered By & Date	Account Number(s)
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Please submit the completed form and supporting documents to UAOperations@fullerton.edu