Updated 9/2023



PHILANTHROPIC FOUNDATION

T: 657-278-2786 F: 657-278-7666 <u>http://foundation.fullerton.edu</u>

Account Setup Agreement Request

Reference the Foundation Account Policy for additional details.

This form is used to authorize the establishment or update of a Foundation account.

REQUEST UNIT INFORMATION			REQUEST TYPE			
Date:			New Account Setup:			
Account Contact Person:			New Accoun		•	
Email Address:						
Phone/Ext.:			Donor F	Restricted	Donor Unrestricted	
Department: (responsible for acct.)						
College: (responsible for acct.)			Update Existing Account #:			
Division: (responsible for acct.)			Existing Accoun	it Name:		
ACCOUNT SETUP	UPDATE					
Account Type: Program	Scholarship Bui	ld to Endow <i>(select one)</i> Program Scholarship	Endowment (Program Scholarsh		Quasi Endowment <i>(select one)</i> Program Scholarship	
Fund Purpose:						
Source of Funds:	Gifts & Donations	Event Revenue Fundraising Non-Fundraisin				
Is this account to	be added to the CSUF	Giving webpage?	No	Yes	Not at this time	
Please select all a	pplicable expenditure	categories that may be	spent from this	account:		
Payroll/	'Benefits	Travel	Travel		Events (all encompassing)	
Rent/U	tility/Telephone	Conferences/	Conferences/Workshops/Seminars		Entertainment	
Equipment/Maintenance		Awards/Hono	Awards/Honorariums/Stipend		Food/Catering	
Consultants/Contract Services		•	•		Alcohol	
Supplies/Operation Expenses		Other Categor	Other Categories:			
Disposition of Fur	nds Upon Account Clos	ure (please select one):				
		ansfer to either an appro here is an insufficient le	•	count that c	losely approximates the original	
Constitute Discourse	itian languages					

Specific Disposition Language: ____



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AUTHORIZED ACCOUNT SIGNERS _

The College (*Dean*)/Department Head (*AVP or Executive Director*) and a primary authorized signatory are required for all accounts. A College/Department Head may delegate no more than three (3) signatories, including the primary signatory as required by this agreement. All Authorized Account Signers will be responsible for authorizing transactions, and certifying expenditures comply with CSFPF and CSUF policies and procedures, as well as any restrictions imposed by philanthropic intent. The following individuals are delegated authority to initiate and approve transactions:

College (*Dean*)**/Department Head** (AVP or Executive Director):

College/Department Head Signatory Signature	Print Name	Date
Title	Department/Division	
 Email Address	Phone/Ext.	Campus Address

Check box if all expenditures require approval from the College/Department Head.

Additional Signatory:

Primary Signatory Signature	Print Name	Date
Title	Department/Division	
Email Address	Phone/Ext.	Campus Addres
Secondary Signatory Signature	Print Name	Date
Title	Department/Division	
Email Address	Phone/Ext.	Campus Addres
Additional Signatory Signature	Print Name	Date
Title	Department/Division	
Email Address	Phone/Ext.	Campus Addres

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ACCOUNT REPORT ACCESS _

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

Name	Email Address
Name	Email Address
Name	Email Address
Name	Email Address
	Name

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	Print Name	Title		
the Foundation)	Signature	Date		
Advancement Ser	vices & CSFPF Approvals			
Advancement Ser	vices: Approved	Date		
CSFPF:				
	Approved	Date		
	Entered By & Date	Account Number(s)		

Please submit the completed form and supporting documents to UAOperations@fullerton.edu

CSFPF | 2600 NUTWOOD AVE., STE. 850 | FULLERTON, CA 92831