



Department/College – Coding

Description:

Numeric Code:

Application to Create a Fundraising Account

Mail or Hand Deliver completed application to the **Office of Development & Philanthropy**, MSC 93, BSB 2-71D
Please fill out completely, with no abbreviations on the application.

Applicant: _____ Phone#: _____ Date: _____

Applicant Signature: _____ MSC: _____

Account Name: _____

New Account # (Project #) Assigned:

Date:

Funds and/or proceeds from this account may be used for the following purpose/s (attach additional sheets as needed, including documentation from the donor if available; list attachments, if any):

- This account is **(CHECK ONE)** Endowment Account Operating Account
- This account is **(CHECK ONE)** Permanently Restricted Unrestricted
- Temporarily Restricted: (time period) _____

Authorized signature(s) on the account is/are as follows: (you cannot authorize payment to yourself)

Please **CIRCLE** the number of signatures required for disbursement of funds **1 2 3**

Primary Signator Sign Name: _____ Tel#: _____
Print Name: _____

Secondary Signator Sign Name: _____ Tel#: _____
Print Name: _____

Tertiary Signator Sign Name: _____ Tel#: _____
Print Name: _____

Initial Donation Amount: _____ Date Rcd.: _____

Source of Funds: Donations

Agreement: The applicant/signator(s) requests and authorizes the HSCB Foundation to receive, accept custody for, and disburse funds. The assets of restricted and unrestricted funds in the accounts of the HSCB Foundation are the property of the HSCB Foundation. The HSCB Foundation reserves the right to refuse to pay out any funds that, in its own recognizance, it determines may be unauthorized or improper. The HSCB Foundation, however, will not be liable for any funds used by applicant or signator(s) that may be unauthorized or improper, provided the appropriate signator(s) has executed the withdrawal order. The HSCB Foundation assumes no liability for actions of signator(s). Applicant/signator(s) agrees to hold harmless the HSCB Foundation from any and all actions against it resulting from the actions of the applicant or signator(s).

APPROVAL SIGNATURES

Dean or Department Chair: _____ Date: _____

Office of Dev. & Philanthropy: _____ Date: _____

HSCB Foundation Designee: _____ Date: _____