

**OPERATING ACCOUNT**

**DATE** \_\_\_\_\_

**APPLICATION TO CREATE AN OPERATING ACCOUNT**

(For a copy of the "Policies and Procedures for Restricted Fund Accounts" please contact the FSA Office.)

APPLICANT \_\_\_\_\_ PHONE # \_\_\_\_\_ BOX # \_\_\_\_\_

NAME OF ACCOUNT \_\_\_\_\_

FUNDS MAY BE USED FOR THE FOLLOWING PURPOSE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AUTHORIZED SIGNATURE(S) \_\_\_\_\_  
(Signature) (Print or Type Name)

and/or \_\_\_\_\_  
(Signature) (Print or Type Name)

INITIAL DONATION \_\_\_\_\_

SOURCE OF FUNDS \_\_\_\_\_

**AGREEMENT:** The applicant/signator(s) requests and authorizes The HSCB Foundation to receive, accept custody for, and disburse funds. Assets of both restricted and unrestricted funds in 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 which, in its own recognizance, it determines may be unauthorized or improper. However, The HSCB Foundation will not be liable for any funds used by applicant or signator(s) which 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 actions of applicant or signator(s).

SIGNATURE OF APPLICANT \_\_\_\_\_

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**FOR USE BY THE HSCB FOUNDATION**

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_