



<b>Department/College – Coding</b>
<b>Description:</b>
<b>Numeric Code:</b>

**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:		

<b>New Account # (Project #) Assigned:</b>	<b>Date:</b>
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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 Print Name:	Sign Name:	Tel#:
Secondary Signator Print Name:	Sign Name:	Tel#:
Tertiary Signator Print Name:	Sign Name:	Tel#:

Initial Donation Amount:	Date Rcd.:
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Source of Funds:

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: