

Foundation Account Number:

Effective Date

This account will automatically expire three years from the date of its opening, at which point any remaining funds will be disposed of in accordance with the account application type. Account holders must renew their accounts prior to expiration.

Account Information

This agreement is used to add, change or delete authorized signers who can approve expenditures related to this account. By signing this agreement, the account director agrees to be responsible for the programmatic and financial management and conduct of this account. The individuals listed below certify that all expenditures will be in compliance with the educational mission of the university, the policies and procedures of the Foundation, and the restrictions imposed. If the signature authority is delegated to other individuals, it is understood that the account director will be responsible for all expenditures relating to this account.

Please add the following additional signer(s) on the listed account(s) above for the following period

For the entire period For the period only (start date) (end date)

Please note that it is the account director's responsibility to manage and maintain the understanding of this account.

You as the account director may delegate signature authority for the following:

- Deposits of funds
- University charge-back invoices
- Travel w/explanation & approval
- Payroll expenses
- Purchases of goods & services
- Budget transfer

You are NOT allowed to offer employment or process payroll against this account without the written approval of The Foundation.

This form will supersede any past account applications.

Authorized Signer(s)

Add/Change Signer Remove Signer

Authorized Signer Name (Print)

Signature (if adding or changing)

Date

Reason for Add/Remove/Change

Add/Change Signer Remove Signer

Authorized Signer Name (Print)

Signature (if adding or changing)

Date

Reason for Add/Remove/Change

Add/Change Signer Remove Signer

Authorized Signer Name (Print)

Signature (if adding or changing)

Date

Reason for Add/Remove/Change

Authorization by Account Director and Foundation

Account Director Name (Print)

Signature

Date

Foundation Approver

Signature

Date

For CSUDH Foundation USE ONLY Processed By: _____ Date: _____