THE RESEARCH FOUNDATION
The State University of New York

Campus Bank Account Request/Change Form

New Account	Increase Funds	Decrease Funds	Signature Change	Notification of Account Closeout *Please include copy of final bank statement*
☐	☐	☐	☐	☐

Research Foundation Account Information			
Project	Task	Award	Project Director

Mailing address for statements	**Bank name and branch mailing address**

Requested bank account period	From	To	Funding limit/increase/decrease for the bank account: $

Purpose of the account

Administrative Information

Authorized account signatories	**Name**	**Title**

	Name	**Title**
Monthly reconciliation of the account will be performed by		
Blank checks for the account will be held by		
Deposits to the account will be made by		
Operations Manager Signature		