

ST. CLOUD STATE
U N I V E R S I T Y
A tradition of excellence and opportunity

Request for Trust/Agency Account

Trust/Agency accounts are established only for recognized student and University organizations. Funds are deposited with and disbursed through Business Services, which provides safeguards, controls, and detailed accounting records. For additional policy details please see (Agency Account Policies)

Complete Part 1 of the form and submit it to Business Services, 124 Administrative Services. Direct questions to 308-2799 or in writing to 124 Administrative Services. A copy of this form will be returned to you after your request has been processed.

Part 1. (To be completed by applicant)

Date of Application: _____

Title of Account: _____

Purpose of Account: _____

Source of Funds: _____

Estimated Annual Deposit Amount: _____

Employee responsible for the account:

I understand I will receive a report of account status and activity each month. I am responsible for ensuring there are sufficient funds in the account to cover all expenditures. If the responsibility for this account transfers to another employee, I will notify Business Services in writing.

Print Name

Signature

Office Phone

Campus Address

Part 2. (To be completed by Business Services)

Approved: _____

Account
Number: _____
(Use this number for deposits,
requisitions, and inquiries.)

Account Title: _____