

Account Name _____ Account Number _____ Effective Date _____

**This account will automatically expire three years from the date of its renewal.
Account holders must renew their accounts prior to expiration.**

Account Information

This form is used to renew accounts and update 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.

College or Division _____ Department _____

**Please note that it is the Account Director's responsibility to manage and maintain the understanding of this account.
It is recommended that the Chair or head of a department be the Account Director.**

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 payment against this account without the written approval of The Foundation. This form supersedes all prior account applications for this College/Division and Department.

Authorized Signers

Account Director *(Print or Type)*

Title *(Print or Type)*

Signature

Date

A.R.M. or Fiscal Officer *(Print or Type)*

Title *(Print or Type)*

Signature

Date

Dean or Vice President *(Print or Type)*

Title *(Print or Type)*

Signature

Date

Authorization by Foundation

Foundation Approver

Signature

Date

For CSUDH Foundation USE ONLY

Processed By

Date