

**University of West Georgia
Agency Account Application**

Request for New Account
 Update to Existing Account A_____

Agency account funds must adhere to the policies and procedures established by the Board of Regents Business Procedures Manual, Section 14. The University of West Georgia reserves the right to deny an Agency Account to anyone or organization determined not to be in compliance with the established Board of Regents' guidelines. The "Source of Funds" must be identified and will be reviewed prior to approval.

Name of Account: _____

Purpose of Account: _____

Source of Funds:
(please select only one appropriate source. If multiple sources are available, separate accounts must be requested and established)

- Donations – unrestricted funds
- Approved fees paid by students
- Fees/registrations paid by public/community
- Studies Abroad Programs
- Clubs & organizations not funded by UWG
- Other restricted _____

(please give additional information)

Organization: _____

Applicant(s): (1) _____ Phone _____
(One individual must be a member of the University's faculty or staff) Email _____
(2) _____ Phone _____
Email _____

Address: _____

APPROVAL:

If your request is approved, this form will become the official signature card for your account. The assigned account number will be listed on this form and you will receive a copy for your files. Please call 678-839-6390 with any questions.

SUBJECT TO CLOSING:

This account's activity will be reviewed in October of each fiscal year. It will be closed if it is inactive during the fiscal year or in the best interest of the University. The "Applicant(s)" will be contacted by reasonable means to be notified of the closing of the account. Any unused balance must be forwarded to the state as mandated by escheat laws, unless the disposition of unused balances is listed below. The University of West Georgia reserves the right to deduct any and all costs associated with closing this account. It is your responsibility to keep the account's information current and in good standing.

Disposition of unused balance _____

I understand this account must not be overdrawn at any time. I accept responsibility for keeping the account information current. I understand that all requests for disbursement of funds must be signed by the authorized person (one must be faculty/staff). The following are authorized to request withdrawals/pay requests from the account. All check requests must be signed by the authorized faculty/staff listed below. The applicant(s) agrees to expend account funds in accordance with the terms of the agreement and the donor's intent.

_____ Signature of Applicant

_____ Signature of Applicant

_____ Date

For Accounting/Auditor Use Only:	Approved by: Account Number: 60000-A_____ - 241100 Detail Code: A_____ (required for deposits)
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