

PLEASE REFER TO THE BANK ACCOUNT POLICY LOCATED ON THE ADMINISTRATIVE POLICY LIBRARY WEBSITE:

<http://policylibrary.columbia.edu/bank-account-policy>

BANK ACCOUNT REQUEST FORM

Please fill out all appropriate section(s) of this form to submit a request to the Office of Treasurer for approval to open, change or close a University bank account. Request forms for new accounts should be submitted at least 60 days prior to desired “go live” date. Please complete one form per account.

Program Name:			
Program Address:			
Request Type:	<input type="checkbox"/> Open (Part I)	<input type="checkbox"/> Change (Part II)	<input type="checkbox"/> Close (Part III)

PART I: Request to Open New Bank Account

Account Name:		
Legal Entity Name:		
Legal Entity Tax ID, EIN, PAN (or equivalent):		
Account Address:		
Type of Account:		
<input type="checkbox"/> Controlled Disbursement	<input type="checkbox"/> Receipts Only/ Lockbox	
<input type="checkbox"/> Receipt and Disbursement	<input type="checkbox"/> Tenant/ Collateral	
<input type="checkbox"/> Interest -bearing	<input type="checkbox"/> Investment	
<input type="checkbox"/> Non interest-bearing	<input type="checkbox"/> Other	
For International Accounts:		
<input type="checkbox"/> Local resident account	<input type="checkbox"/> US Dollars	
<input type="checkbox"/> Non-resident account	<input type="checkbox"/> Local Currency (specify) _____	
Source of Funding:		
<input type="checkbox"/> Grant (state period) _____	<input type="checkbox"/> Departmental Revenues	
<input type="checkbox"/> Gift (state period) _____	<input type="checkbox"/> Other	
Currency of Funding:		
<input type="checkbox"/> US Dollars		<input type="checkbox"/> Local Currency (specify) _____
Estimated Annual Program Revenues/Expenses:	Currency	Amount
(Please attach copy of annual budget)		

Please Designate Responsible Individuals for the Following Roles (provide name and title)

Overall Program responsibility in the region/country:
Overall Program responsibility in NY:
Preparation of bank account reconciliations:
Review of bank account reconciliations:

List and Limitation of Authorized Signers:	Name	Title	Employer’s Entity	Limit

List of Authorized Users and Authorization Level (transact, view, etc.) of Online Banking System:	Name	Title	Employer's Entity	Authorization Level
---	------	-------	-------------------	---------------------

For Treasury Use Only:

Open date:

Bank/Location

Account Number:

TWS Code:

GL Chartstring:

PART II: Request to Modify Existing Bank Account

Account Name:

Account Number:

GL Account Number:

Reason for Update:

Change Authorized Signer Address Change

Change Banking System User Change Account Purpose or Type

Change Responsible Individuals Other (specify) _____

For New Signer/System User, check if:

CU Employee US Citizen or Permanent Resident

Information to be Updated:
(Please attach relevant documentation)

For Treasury Use Only:

TWS Code:

Date Modification Completed:

PART III: Request to Close Existing Bank Account

Account Name:

Account Number:

GL Account Number:

Reason for Closure:

Unauthorized Activity Change or Completion of Business Purpose

No Activity / Dormant Account Other (specify) _____

Required Confirmation:	<input type="checkbox"/> Confirm that the bank account has a \$0 balance (attach final bank statement) <input type="checkbox"/> Confirm that the GL accounts have a \$0 balance (attach final bank reconciliation)
-------------------------------	---

For Treasury Use Only: TWS Code: Date Account Closed:
--

Requester:

Name: _____

Contact Info: _____

Date: _____

Authorized Signature of Senior Business Officer from the School/Department:

By signing below, I accept responsibility for this bank account(s) and I acknowledge and accept responsibility for the ongoing oversight of the account in accordance with the University Bank Account Policy (<http://policylibrary.columbia.edu/bank-account-policy>). Oversight includes regular monitoring of bank account activity, ensuring completion of the required monthly reconciliation process, and ensuring that adequate departmental controls with regard to cash and banking activities are in place.

Signature: _____

Name: _____

Title: _____

Date: _____