

Office of Debt and Treasury Management

Request for New Bank Account, Bank Account Modification, or Bank Account Closure

Bank Account Request Form

Please fill out all appropriate section(s) of this form to submit a request to Debt and Treasury Management for approval to open, change or close a University bank account. Please review and understand the University's "Domestic and International Bank Account Guidelines" document prior to submitting any request. Note that a signature is required on page 3; please print out the completed form, sign and send scanned document to treasury@bu.edu or fax to the Office of Debt and Treasury Management at 617-353-5492. Request forms for new accounts should be submitted at least 60 days prior to desired "go live" date.

Program Name:

Program Address:

This is a request to Open (Part I) Modify (Part II) Close (Part III) a University Bank Account

PART I: Request to Open New Bank Account

Account Name:

Type of Account: Please select one

Receipts Only

Receipts & Disbursements

Internally Funded Project and Expense Account

Other

If other please specify:

For International Accounts: Please Select One

Local Resident or Non Resident

US\$ or Local Currency

If Local Currency Please Specify:

Source Funding: Please Select One

University or Grant

If grant, please specify intended length of program (# of months/years):

Estimated Annual Program Revenues/Expenses: \$

Please attach annual program budget to this form:

Please Designate Individuals for the Following Roles:

Overall Program responsibility in the region/country:

Overall Program responsibility in Boston:

Preparation of bank account reconciliations:

Review of bank account reconciliations:

List of Authorized Signers:

- | |
|---|
| 1) Treasurer, Trustees of Boston University |
| 2) |
| 3) |

For Treasury Use Only:

Bank/Location:

Bank Account Number:

Date Opened:

Documentation Responsibility:

PART II: Request to Modify Existing Bank Account

Bank/Location:

Bank Account Number:

Reason for Update: Please select one

Change in Authorized Signer

Change in the purpose or account type

Address Change

Change in names of responsible persons

Receipt of local bank communication regarding bank procedures and/or systems

Change to target funding/replenishment needs

Other Explain:

Information to be Updated:

(Please attach relevant documentation if appropriate)

For Treasury Use Only:
Date Modification Completed:

PART III: Request to Close Existing Bank Account

Bank/Location:

Bank Account Number:

Reason for Closure:

Unauthorized activity

No activity/dormant account

Change or completion of business purpose or type of account

Other required information:

Explain the business purpose for the closure:

Confirmation that the bank account has a \$0 balance (*attach final bank reconciliation*)

Confirmation that the General Ledger account has a \$0 balance

For Treasury Use Only
Date Account Closed:

Authorized Signature of Dean, Director or Department Chair of Requesting Department:

By signing below, I accept responsibility for this bank account(s) and I am acknowledging and accepting responsibility for the ongoing oversight of the account in accordance with the University Bank Account Guidelines. 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: _____