NOTE: PLEASE COMPLETE SECTIONS 1 - 5

1. Account Name: ____________________________

   Responsibility Assigned to (custodian): ____________________________
   Name (print): ____________________________ Email Address: ____________________________

   Send Monthly Reports to: ____________________________
   Name (print): ____________________________ Email Address: ____________________________

   Effective Date: ____________________________ Form Completed by: ____________________________

   Funds for Deposit obtained from: ____________________________

   Expenditures Authorized for: ____________________________

2. Fee: In accordance with the policies adopted by the Foundation Board of Directors, an administrative fee will be charged on all funds received for deposit in the account. This fee is applied to the account on a calendar quarter basis, is reviewed annually and is subject to change by the Foundation Board.

3. The following persons are the only ones authorized to expend funds from this account. Their signatures signify their understanding and acceptance of the purpose, conditions, Foundation guidelines, and fee stated above. In addition, the following persons agree not to overdraw the account, and further agree that should an overdraft occur, the sponsoring office, department or school will be responsible for such overdraft.

   Custodian: (required) ____________________________

   Additional Signer 1: (required) ____________________________

   Additional Signer 2: (optional) ____________________________

4. Acknowledged and Approved: (required)

   Department Chairperson: ____________________________ Date: ____________________________

5. Acknowledged and Approved: (one signature required)

   Dean: ____________________________ Date: ____________________________

   Vice-President: ____________________________ Date: ____________________________

6. Approved: Foundation Assoc. Executive Director: ____________________________ Date: ____________________________

7. BU Vice President of Administration: ____________________________ Date: ____________________________