

**RELATED ORGANIZATION REQUEST TO OPEN BANK ACCOUNT
USING UNIVERSITY'S NAME AND/OR "MARKS"**

Name of bank account:

Tax ID# of bank account:

Financial Institution:

Authorized signers on the bank account:

Complete name of related organization:

Source of funds used to open the bank account:

Nature of future deposits/disbursements:

By signing below, I acknowledge or consent to the following:

1. Checks payable to the University of Kentucky will not be deposited into the bank account.
2. An annual summary of deposits and disbursements transacted in the bank account will be provided to the University's Treasury Services Department.
3. Bank statements, deposit and disbursement records will be maintained for a minimum of three years to facilitate periodic review/audit by the University.

Signature of Responsible Person _____ Date _____

Name/Title of Responsible Person _____

UNIVERSITY APPROVALS:

Business Officer _____ Date _____

Treasurer _____ Date _____