

Radford University Foundation, Inc.
New Account Request

New Account Requested by:

Campus Address:

Guardian of Account:
(If different than requestor)

New Account Name:

College or Affiliated Program:

Purpose or Activity of the proposed account:

Any special requirements of the account:

I RECOGNIZE THAT MY ADMINISTRATIVE POSITION GIVES THE AUTHORITY TO ACT AS THE GUARDIAN OF THE ABOVE NAMED FOUNDATION ACCOUNT AND GIVE MY APPROVAL FOR THE CREATION AND ADMINISTRATION OF THIS ACCOUNT BY THE RADFORD UNIVERSITY FOUNDATION, INC.

Approved by: _____ Unit Head or Dean of College
Signature Date

Approved by: _____ Vice-Provost
Signature Date

Approved by: _____ Provost/University Vice-President
Signature Date

Approved by: _____ University President or Designee
Signature Date

For Foundation Use Only:

Account Name: _____ Create Date: _____ Account Number _____

Approved by: _____ Date: _____
Executive Director or Authorized Officer of the
Radford University Foundation, Inc.

Return to Radford University Foundation Accountant, PO Box 6915, Radford, VA 24142, (540)831-6573