

# REQUEST TO ESTABLISH AN AGENCY ACCOUNT

Organization Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

Authorized Representatives:  
(list all representatives authorized to deposit/withdraw funds)

**Printed Name**

*Signature*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of Faculty Advisor or Sponsor: \_\_\_\_\_

Description of funding sources: \_\_\_\_\_

Description as to where the remaining funds, if any exist, should be transferred if the organization dissolves or has become inactive for three years or more:

\_\_\_\_\_

\_\_\_\_\_

Name of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ (so that any questions can be resolved in a timely manner)

Supporting documentation, if available, should be submitted with the form. This would include a copy of the SS-4 Form, Tax Exempt Certificate, by-laws and charter that provide additional backup as to the intent of why a new account should be created. This documentation and form is kept by the Controller's Office.

Please submit this form to the Controller's Office on the second floor of the Austin Building or mail to:

Controller's Office  
PO Box 13035, SFA Station  
Nacogdoches, TX 75962-3035

The Controller's Office will transmit the account information to the contact person (Requestor) indicated on the form.