

# THE UNIVERSITY OF TOLEDO FOUNDATION ACCOUNT CONTROL SHEET

This form should explain the account's purpose, how funds will be used, and whether the fund is endowed or non-endowed. It should list initial and anticipated sources of funds, note whether deposits will be charitable gifts or nongifts, and indicate authorized signers for the account. A fund agreement should also be written by a development director and signed by the fund's primary donors.

ACCOUNT NUMBER \_\_\_\_\_  ENDOWED  NON-ENDOWED

ACCOUNT NAME \_\_\_\_\_

COLLEGE/DIVISION: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ SUBDEPT. \_\_\_\_\_

PURPOSE OF ACCOUNT (Include restrictions and special instructions. Use additional pages if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOURCE OF FUNDS (Please be specific regarding how much, from whom, and when funds will be received): \_\_\_\_\_  
\_\_\_\_\_

## MEMORIAL/HONORARY FUNDS

This fund is being established in honor / in memory of: NAME \_\_\_\_\_

Please send notification of any gifts to: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP TO HONORED/MEMORIALIZED \_\_\_\_\_

## AUTHORIZED SIGNATURES FOR ACCOUNT

A written request or requisition with two authorized signatures is necessary for all disbursements or transfers from a fund. Additional names may be attached. The Foundation must have these names on file. Please notify the Foundation office of any subsequent changes.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
(please print or type)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
(please print or type)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please send monthly and quarterly financial reports regarding this fund to (please attach any additional names):**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
(please print or type)

CAMPUS ADDRESS \_\_\_\_\_ MAIL STOP # \_\_\_\_\_ E-MAIL \_\_\_\_\_

## FOUNDATION APPROVAL

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_