

COFO ACCOUNT APPLICATION FORM

NEW ACCOUNT NAME: _____

DESCRIPTION OF ORGANIZATION:

PRIMARY SOURCE OF FUNDING (e.g fundraising, school support, activity fees):

SCHOOL/ ACADEMIC DEPT _____

OFFICERS:

PRESIDENT

(PRINTED NAME)

(SIGNATURE)

(E-MAIL ADDRESS)

TELEPHONE

TREASURER

(PRINTED NAME)

(SIGNATURE)

(E-MAIL ADDRESS)

TELEPHONE

ADVISOR

(PRINTED NAME)

(DEPARTMENT NAME / PHONE NUMBER)

(SIGNATURE) _____

(DATE) _____

All accounts held with the Chicago Organization Finance Office are subject to the Policies and Procedures found in the COFO Handbook and must be reconciled on a regular basis throughout the life of the organizations they serve. Should an organization's officers decide to close their account, all line items within the account must be:

1. Reconciled with regard to any outstanding bills, payments, and check advances.

2. Cleared of any deficits to achieve a zero balance.

3. Listed in a letter of intent. This letter documents for COFO, the officers' request to close the account. It must bear the signatures of the current treasurer, president, and advisor. COFO will send verification/confirmation emails to all interested parties.

If an account is inactive for at least three consecutive years, any remaining balance will revert to the COFO General Fund, upon determining that the organization's specific source of funding is no longer active or viable.