

**ARKANSAS STATE UNIVERSITY FOUNDATION, INC.  
REQUEST FOR NEW ACCOUNT NUMBER  
Form ASUF01**

**CAMPUS:** \_\_\_\_\_

**ACCOUNT NAME:** \_\_\_\_\_

**COLLEGE/UNIT:** \_\_\_\_\_

**DEPT:** \_\_\_\_\_

**TYPE OF ACCOUNT: (Check one)**

**Restricted Discretionary** \_\_\_\_\_      **Restricted Scholarship** \_\_\_\_\_

**Endowment Scholarship** \_\_\_\_\_      **Endowment Program** \_\_\_\_\_

**PURPOSE OF ACCOUNT: (Briefly describe)**

**ACCOUNT CONTROLLER:**

Typed or Printed Name	Phone Number
Title	College/Department
Signature	E-mail Address

**FOUNDATION USE ONLY:**

**Account number:**

**Authorization:**

**Date:**