

SSI ONGOING ACCOUNT APPLICATION

I would like to request that SSI establish an Ongoing Account for:

Account Name: _____

Specific Purpose of the Account: _____

Source of Funds: _____

Expenses for this account: _____

Expected life of account: _____

Does this account generate a payroll? Yes _____ No _____

Explain: _____

Please Note: Payment vouchers must have Advisor and Treasurer's signatures. Please allow three (3-5) working days for processing of SSI payment vouchers. When depositing checks, please see that they are properly endorsed with the SSI account number on the back. All checks are to be made payable to SSI.

Advisor – Name **PRINT** Phone #

Advisor Signature

Advisor Department:

Date:

President – Name **PRINT** Phone #

President – Signature

Treasurer – Name **PRINT** Phone #

Treasurer Signature

SSI BUSINESS OFFICE USE ONLY

SSI Approval, Executive Director

Date

Account # _____

Profit Center _____
