



NEW ACCOUNT FORM

_____ \$ _____
Account Name Amount

Purpose of the account:

Department associated with this account: _____

Names of individuals and departments that are allowed to request funds from this account:

1) _____ 2) _____ 3) _____

Required paperwork to accompany a request for funds:

All checks or properties should be made out to: LOS ANGELES CITY COLLEGE FOUNDATION or LACC FOUNDATION

Title: Mr. Mrs. Ms. Dr. (please circle one)

Name of person opening the account: _____

_____ First Name Middle Name Last Name

Signature _____ Date _____

Address _____ City, State & Zip Code _____

Social Security Number _____ Telephone Number (please include area code) _____

FOUNDATION USE ONLY

Project # _____

Project Description: _____

Bank Name: _____

Date: ____ / ____ / ____

Account Approved by:

LACCF Executive Director

Date: ____ / ____ / ____