

[Date]

[Full Name of Authorized Applicant]

[Position/Title]

[Department Name]

[University Name]

[Bank Name]

[Branch Address]

[City, State, Zip Code]

RE: Verified Application for Opening a University Financial Account

To the Branch Manager,

This letter serves as a formal and verified application to open a new financial account at [Bank Name] on behalf of [University Name], specifically for the use of the [Department/Organization Name].

The purpose of this account is to manage funds related to [State Purpose, e.g., research grants, student activity fees, or departmental operations]. This application has been reviewed and authorized by the University's central financial office.

The following individuals are designated as authorized signatories for this account:

- [Name], [Title] - Primary Signatory
- [Name], [Title] - Secondary Signatory

Attached to this letter are the following supporting documents for verification:

- Official University Charter/Incorporation Documents
- Tax Identification Number (TIN/EIN)
- Board Resolution or Letter of Authorization
- Valid Identification for all signatories

We request that the account be established under the following legal title: [Official Account Name].

Please contact me at [Phone Number] or [Email Address] if any additional information or verification is required to finalize this request.

Sincerely,

[Signature]

[Printed Name]

[Official University Title]
[University Seal/Stamp]

Verification Endorsement (University Finance/Comptroller Office)

I hereby verify that the above request is authorized in accordance with university policy.

[Signature of Financial Officer]
[Name and Title]
[Date]