

# ASC AGENCY ACCOUNT AGREEMENT

## PURPOSE

Auxiliary Services Corporation at Stony Brook University, ("ASC") a non-profit (501-C-3) corporation, has been designated as the Campus-related organization authorized to administer Agency accounts on the Stony Brook University campus and, as fiscal agent, to receive, hold, and disburse funds on behalf of students, faculty, staff members, or appropriately recognized organizations. ASC has a fiduciary responsibility to ensure the funds are maintained and used in accordance with the approved purpose and in accordance with SUNY Policies and procedures 7010-Study Abroad Program, 7200-Agency Account, and 7201-Agency Account Guidelines.

Agency funds are not funds of ASC. Rather, they are non-state accounts funded by various authorized sources as outlined in SUNY Policies and procedures 7010-Study Abroad Program, 7200-Agency Account, and 7201-Agency Account Guidelines.

ASC acts in a fiduciary capacity only in regard to its duties as custodial agent of funds; ASC assumes no liability for depositors' actions.

## AGREEMENT

**Account Name:** \_\_\_\_\_

In consideration thereof, \_\_\_\_\_ hereinafter referred to as the "Account Owner", requests and authorizes ASC to act as its fiscal agent for the receipt, custody, and disbursement of funds. **ASC'S Liability is limited specifically to its actions as a fiduciary agent.**

As the designated agent, ASC will endeavor to maintain accounts consistent with the purposes and within the scope and authorizations set forth by the depositor. **ASC RESERVES THE RIGHT TO REFUSE TO PAY OUT ANY FUNDS, WHICH, IN ITS OWN RECOGNIZANCE, ARE UNAUTHORIZED OR IMPROPER according to SUNY Policy guidelines.** However, ASC will not be liable for any funds used by the depositors, or signatories that may be unauthorized or improper, provided the appropriate signatories have executed the withdrawal order.

### As a designated agent, ASC will:

1. Accept deposits, including cash, checks, and credit cards, in accordance with policies.
2. Provide a check disbursement and payment voucher system in accordance with policies.
3. Audit deposits and disbursement for accuracy and correctness.
4. Maintain files for history and audit.
5. Provide the Account Owner with a monthly statement of account activities.
6. Maintain a set of Policies and Procedures on the ASC website that governs the use and administration of ASC Agency Accounts that is in accordance and consistent with SUNY guidelines.

## NOTES

### ASC cannot accept the following (please refer to “Agency Account Guidelines” 7201):

1. Monies belonging to the State (the State has an ownership and equitable title in the funds) either as general revenues or as revenues accountable through an Income Fund Reimbursable (IFR) account, nor should such monies be utilized for the purposes of the corporation.
2. Grants related to sponsored research. Grants of this nature should be submitted to the Research Foundation of the State University of New York.
3. Gifts, endowments, scholarships, or loan support for students or for academic purposes should be administered through the College Foundation.
4. Intercollegiate Athletics, Instruction, Certificate, and Continuing Education Programs, Program Funds, Student Activity Fees, Course related Consumable supplies, furniture and fixtures, fixed assets of any kind, payroll, medical benefits, insurance, personal service payments to University Employees, Utilities and Rental Charges, Sports Camps and Clinics, and Service Centers.

### Responsibilities of the Account Owner:

1. Maintain up-to-date authorized signatories for an account.
2. Update the Agency Account application if there is a change to the Agency Account purpose.
3. Follow established procedures for depositing funds into the agency account.
  - a. Please send all check requests to the following email: [FSA\\_agency\\_accounts@stonybrook.edu](mailto:FSA_agency_accounts@stonybrook.edu)
4. Follow established procedures for submitting check requests, including the appropriate signatures required.
  - a. Please send all check requests to the following email: [FSA\\_agency\\_accounts@stonybrook.edu](mailto:FSA_agency_accounts@stonybrook.edu)
  - b. Please send only 1 email per payment voucher. All information should be included in the one email as a pdf, including the signed voucher, with appropriate backup, and a W-9 form.
5. Reconcile monthly account activity reports received from ASC and communicate any discrepancies to ASC so that they may be resolved in a timely manner.

## FEES

ASC will no longer be charging a 10% administration fee for Student Fundraising/Grant Accounts. However, ASC will charge a 10% fee only Departmental and student fee accounts. These policies are subject to periodic review by the ASC Board of Directors.

Applicant should recognize that there is associated overhead in administering proper fiscal procedures and this is the cost in the form of the fee that is being applied to the account.

In accordance with campus policy, Agency funds inactive for one year will be transferred to a SUNY income fund at the end of ASC’s fiscal year, June 30.

# **AUTHORIZED SIGNATURES**

All deposits into the agency account will require the completion of an agency account deposit form and must be signed by authorized signatories on the account.

All disbursements from the agency account will require the completion of a check request form and will require the dual signatures of an authorized account signor and a supervisor. Check requests submitted for expense reimbursements to an authorized signatory on the account that is in excess of \$2,500, must also be signed by the designated Department Chair's Dean or Vice President of record.

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# **PROCEDURE FOR ANNUAL REVIEW OF FISCAL AGENT AGREEMENT**

This agreement will remain in effect for the period of time that the account remains active. Should a replacement application be submitted due to a change in the purpose of the account, this agreement will be considered null and void.

If there is a two-year successive period of inactivity, the account will be automatically closed and the remaining balance will be disbursed to the University Accounting Office to be deposited in an Income Fund Reimbursable (IFR) account.

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The Account Owner agrees to hold harmless the ASC from any and all actions against it resulting from the actions of the depositor.

By virtue of signing below, the Account Owner acknowledges that they have read and accept their responsibilities under this agreement.

**Account Owner:**

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**Print Name**

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**Sign Name**

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**Date**

# AGENCY ACCOUNT APPLICATION

Please complete the application below in its entirety. If you require assistance, please contact the ASC office at 631-632-9700.

**Student:** \_\_\_\_\_ **Affiliate:** \_\_\_\_\_ **Faculty:** \_\_\_\_\_ **Department:** \_\_\_\_\_

Account Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Name of Department/Organization: \_\_\_\_\_

Account Owner: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## ARE YOU AN ORGANIZED CLUB?

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

## ARE YOU SUPPORTED BY A DEPARTMENT?

**YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

## PURPOSE OF ACCOUNT

*Describe why the account is needed*

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## ANTICIPATED SOURCES OF FUNDS

*Describe the types of deposits that will fund the account, as defined by the owner, supervisor, and Dean.*

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## ALLOWABLE TYPES OF EXPENDITURES

*Describe the disbursements, as defined by the owner, supervisor, and Dean, that will be issued out of this account. Please be specific, as only those types of disbursements, defined by the owner, supervisor, and Dean, listed here will be authorized for payment.*

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# AUTHORIZED SIGNATURES

All disbursements from an agency account require dual signatures. Dual signatures must include an authorized account owner and an additional signatory. Check requests submitted via Agency Payment Voucher for expense reimbursements to an authorized signatory on the account that is in excess of \$2,500, must also be signed by the designated Department Chair's Dean or Vice President, or his/her designee.

## Account Owner (Required):

Name		Title:	
Address:			
Phone:		Fax:	
E-Mail:			
Signature:			

## Additional Signatory #1 (Optional):

Name		Title:	
Address:			
Phone:		Fax:	
E-Mail:			
Signature:			

## Additional Signatory #2 (Optional):

Name		Title:	
Address:			
Phone:		Fax:	
E-Mail:			
Signature:			

## Account Owner's Supervisor (Required):

Name		Title:	
Address:			
Phone:		Fax:	
E-Mail:			
Signature:			

## Department Chair, Dean, or Vice President of record (Required):

Name		Title:	
Address:			
Phone:		Fax:	
E-Mail:			
Signature:			

**This application must be re-submitted if changes in any of the following occur:**

- Purpose of the account
- Significant changes in the source and use of funds identified in the application.
- **Authorized Signature Page only** – Submit this page if authorized signers on the account include a change in the account director or the account director’s Supervisor, Chair, Dean, or Vice President of record.

## **NEXT STEPS**

Email the original, completed packet to the office of ASC at the following email address:

**FSA\_agency\_accounts@stonybrook.edu**. Upon approval, the Account Owner will receive a copy of the completed application and will be assigned an account number.

***Approved as consistent with policies of Stony Brook University:***

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***Signature, University Controller***

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***Date***

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***ASC Accounting office use only:***

**Account. Number:** \_\_\_\_\_ *(to be supplied by ASC)*

***Date application received:***

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***If the application is approved, enter the date the account was opened:***

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***If the application is rejected, enter the date and the reason why the account was rejected:***

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# AGENCY PAYMENT VOUCHER

## AUXILIARY SERVICES CORPORATION

STONY BROOK UNIVERSITY  
WEST SIDE DINING - 2nd FLOOR  
STONY BROOK, NY 11794-4460  
631-632-9700

Date: \_\_\_\_\_

### Payable To:

Name	
Address	
Internal Zip	
Phone	
E-Mail	
Contact Name	

NOTE: All information must be filled out and all original backup paperwork must be provided in order to process any payment including any/all receipt for goods or services.

INVOICE	DATE	DESCRIPTION	TOTAL

Mail Check \_\_\_\_\_ Check to be picked up: \_\_\_\_\_

Contact P/U name & number: \_\_\_\_\_

Agency Department Code: \_\_\_\_\_

Agency Department Name: \_\_\_\_\_

1<sup>st</sup> Approver: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

2<sup>nd</sup> Approver: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

### If over \$2,500.00:

Final Approver: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

NOTE: All information must be filled out and all original backup paperwork must be provided in order to process any payment including any/all receipt for goods or services. Please email completed form along with all documents to [FSA\\_agency\\_accounts@stonybrook.edu](mailto:FSA_agency_accounts@stonybrook.edu)

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	Exemption from FATCA reporting code (if any) _____
<input type="checkbox"/> Other (see instructions) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									

**or**

Employer identification number									

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



# AGENCY ACCOUNT DEPOSITS

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Person Delivering Funds: \_\_\_\_\_

Description of Funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Amounts by Money:	Checks	\$ _____
	Cash	\$ _____
	Coin	\$ _____
	Total Deposit	\$ _____

Authorized by:

Counted by:

\_\_\_\_\_  
Account Owner

\_\_\_\_\_  
Lisa Carter, ASC Controller

When depositing checks, please attach an itemized list of all the checks, including a tape of all checks. The reverse side of all checks should reference your three-digit account number.

Stony Brook University • West Side Dining, 2nd Floor • Stony Brook, NY • 11794-4460  
(P) 631.632.9700 • FSA\_agency\_accounts@stonybrook.edu • stonybrook.edu/ASC



# AGENCY DEPOSIT SLIPS

<b>DEPOSIT SLIP</b> <b>ASC - AGENCY ACCOUNT</b>  <b>ACCT # _____</b>  Date: _____	<b>DEPOSIT SLIP</b> <b>ASC - AGENCY ACCOUNT</b>  <b>ACCT # _____</b>  Date: _____	<b>DEPOSIT SLIP</b> <b>ASC - AGENCY ACCOUNT</b>  <b>ACCT # _____</b>  Date: _____
<b>Cash</b>  \$ _____	<b>Cash</b>  \$ _____	<b>Cash</b>  \$ _____
<b>Coin</b>  \$ _____	<b>Coin</b>  \$ _____	<b>Coin</b>  \$ _____
<b>Check</b>  # _____ \$ _____	<b>Check</b>  # _____ \$ _____	<b>Check</b>  # _____ \$ _____
<b>Check</b>  # _____ \$ _____	<b>Check</b>  # _____ \$ _____	<b>Check</b>  # _____ \$ _____
<b>Check</b>  # _____ \$ _____	<b>Check</b>  # _____ \$ _____	<b>Check</b>  # _____ \$ _____
<b>Check</b>  # _____ \$ _____	<b>Check</b>  # _____ \$ _____	<b>Check</b>  # _____ \$ _____
<b>Grand Total</b> \$ _____	<b>Grand Total</b> \$ _____	<b>Grand Total</b> \$ _____

