



1530 W. 17th Street, Santa Ana, CA 92706
(714) 564-6091 • (714) 564-6092 fax • foundation@sac.edu

NEW ACCOUNT REQUEST FORM

NAME OF NEW ACCOUNT: _____

1. This request must be accompanied by a SIGNED copy of the Santa Ana College Foundation (SACF), Restricted Revenue Conditions and Criteria Agreement.
2. The name identified above will be used to identify your account in our SAC Foundation account summary. All future transactions must use THIS NAME and ACCOUNT NUMBER.
3. The names and signatures of all the persons authorized on this account must appear below.

ACCOUNT DESCRIPTION: Please provide a detailed description identifying the PURPOSE of this account and any RESTRICTIONS that may exist.

Note: If opening an account with cash or check(s), this form MUST accompany an Account Transaction Form (ATF). All accounts MUST be authorized by the appropriate account administrator(s), shown below.

Name of Primary Account Administrator

Title

Signature

Date

Additional authorized signature(s):

Name

Title

Signature

Date

Name

Title

Signature

Date

For Office Use Only:	
_____	_____
SAC Foundation Account Number	Approved: Foundation Director