

SOFAS Organization Close SOFAS account Form

Organization Information

Organization Name: _____

Organization #: _____

Date: _____

Reason for Closing

Reason for closing account: _____

Remaining Balance – Check information

Payee Name: _____

Payee Address: _____

Payee City, State, Zip _____

If transfer: Org name and # to transfer to _____

Authorized Signature Information

Authorized Signer #1 _____

Signature _____

Email _____

Authorized Signer #2 _____

Signature _____

Email _____

IMPORTANT REMINDER:

The account balance must be at zero to close the account. Must have two signatures to close the account.

Please email form to sofas@ku.edu

Close Account – SOFAS office only

- Verify both signatures are on signature card (Verified by _____)
- Issue check for remaining amount to payee indicated above (Remaining amount: _____, issued on _____)
- Inactive account on PS
- Inactive account on excel organization list
- File documents to inactive status

Comments: