



Tufts University Financial Account Request Form

Instructions: Please fill out all appropriate section(s) of this form to submit a request to the Treasury Department for approval to open, change or close a University financial account. Please complete 1 form per account and email completed forms in PDF format to Treasury@tufts.edu

Section 1: Tufts Department Information			
Department Name:			
Contact Information	Name:	Phone:	Email:
Request Type:			

Section 2: Request to Open New Financial Account	
Account Name or DBA (Doing Business As):	
Type of Account (select one): Merchant Account Bank Account Lockbox Account Remote Deposit Capture Account Other (specify):	Payment Method (select all that apply): Cash Check Payment Cards (credit/debit) ACH (electronic funds) Wires (typically international) Other (specify):
Intended Customers (select all that apply): Students Alumni General Population Other (specify):	Payment Channel (select all that apply): In Person Online Phone/Mail Order
Estimated Annual Volume: (Number of Transactions)	Estimated Annual Volume (Dollars):
PeopleSoft DeptID to be used (7 digits):	PeopleSoft Account to be used (4 digits):
It this account held with a Third Party Service Provider? Yes No	
Is this account held outside the United States? Yes No	
System or platforms plan to be integrated with this financial account:	

Purpose of Account (goods/services generating revenue):

Section 3: Business Case

(Please include the impact to your organization and describe any challenges you have with your current method of accepting payments):

Section 4: Authorized Account Users		
Role	Responsibilities	Contact Information
Executive Sponsor <i>Dean or Vice President</i>	<ul style="list-style-type: none"> Responsible for ensuring all subsequent responsibilities listed here are fulfilled for each MID under his/her purview. 	Name: Phone: Email:
Senior Business Officer <i>Executive Associate Dean or School/Division Director</i>	<ul style="list-style-type: none"> Responsible for ensuring all subsequent responsibilities listed here are fulfilled for each MID under his/her purview. Review and approve all requests relating to Merchants under his/her authority. Ensure Merchant Security Review Forms have been submitted for each new or changed Merchant environment. Ensure departmental procedures are in place to protect CHD and restrict access to Merchant environments to only authorized users with the roles shown below. Perform annual review with Merchant Account Coordinator to close unnecessary MIDs. Assign at least one authorized user who can process refunds. 	Name: Phone: Email:
Account Manager <i>Department Head</i>	<ul style="list-style-type: none"> Coordinate all Merchant related requests with SBO and submit requests using instructions on Finance Gateway. Receive new equipment/decommission equipment no longer needed. Maintain chain of custody records for all equipment that has direct physical interaction with CHD from the time such equipment is delivered to when it is properly decommissioned. Maintain current list and location of MIDs. Maintain inventory list of all terminals/devices. Maintain up to date list of all authorized users. Promptly advise Treasury of changes to user list. Ensure operating procedures, data flow diagrams, third party service provider documentation and staff training & equipment inspection logs are up to date at all times. Perform annual review with SBO to close unnecessary MIDs 	Name: Phone: Email:
Account Coordinator <i>Department Manager</i>	<ul style="list-style-type: none"> Responsible for reconciling payment card activity to revenue, patient accounts, sub-systems etc. Reconcile applicable PeopleSoft account and DeptID each month. 	Name: Phone: Email:

Authorized Users <i>Department Staff</i>	Responsible for	Name: Phone: Email:
Authorized Users <i>Department Staff</i>	Responsible for	Name: Phone: Email:
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Authorized Users <i>Department Staff</i>	Responsible for	Name: Phone: Email:

Section 6: Authorized Signers on Account (does not apply to Merchant Account)
1. Treasurer, Trustees of Tufts College
2.
3.

Treasury Use Only	
Financial Institution/Location:	Date Opened:
Account Number:	GL Account:

Section 7: Request to Modify Existing Financial Account	
Existing Account Name:	Existing Account Number:
Reason for Update:	
Information to be Updated:	

Treasury Use Only
Date Modification Complete:

Section 8: Request to Close Existing Financial Account	
Existing Account Name:	Existing Account Number:
Reason for Closure:	
Explain the Business Purpose for Closure:	

Please provide the following:
Confirmation that the bank account has \$0 balance (attach final account statement)
Confirmation that the General Ledger has a \$0 balance (attach Data Warehouse Report)

Treasury Use Only
Date Account Closed:

Authorized Signature of Senior Business Officer from the School/Department:

By signing below, I accept responsibility for this financial account(s) and I acknowledge and accept responsibility for the ongoing oversight of the account.

Signature _____

Name: _____ Title: _____

Date: _____