# **ASA AGENCY ACCOUNT AGREEMENT**

## PURPOSE

Auxiliary Services Association at Stony Brook University, ("ASA") 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. ASA 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 ASA. 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.

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

### AGREEMENT

#### Account Name:

In consideration thereof, \_\_\_\_\_

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

As the designated agent, ASA will endeavor to maintain accounts consistent with the purposes and within the scope and authorizations set forth by the depositor. **ASA 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, ASA 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, ASA 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, when requested.
- 6. Maintain a set of Policies and Procedures on the ASA website that governs the use and administration of ASA Agency Accounts that is in accordance and consistent with SUNY guidelines.



## NOTES

### ASA 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: <u>usg\_agencyaccounts@stonybrook.edu</u>
- 4. Follow established procedures for submitting check requests, including the appropriate signatures required.
  - a. Please send all check requests to the following email: <u>usg\_agencyaccounts@stonybrook.edu</u>
  - 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 ASA and communicate any discrepancies to ASA so that they may be resolved in a timely manner.

## FEES

ASA will no longer charge a 10% administrative fee for Student Fundraising or Grant Accounts. However, a 10% fee will still apply to Departmental and Student Fee Accounts. In addition, online deposits will incur a fee of 2.90% + \$0.30 per transaction. These policies are subject to periodic review by the ASA 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 ASA'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.

# 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.

The Account Owner agrees to hold harmless the ASA 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:

**Print Name** 

Sign Name

Date

# **AGENCY ACCOUNT APPLICATION**

Please complete the application below in its entirety. If you require assistance, please contact the ASA office at 631-632-6435.

Student:	Affiliate:	Faculty:	Department:
A		A second H	
Account Name:		Account #	k:
Name of Departmer	t/Organization:		
Account Owner:			
E-Mail Address:			
Campus Address:			
Telephone #:		Fax #:	
ARE YOU AN O		CLUB?	
YES: NO	D:		
ARE YOU SUP	PORTED BY	A DEPARTMENT	?
YES: NO	D:		
PURPOSE C	F ACCOUN	т	

Describe why the account is needed

### **ANTICIPATED SOURCES OF FUNDS**

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

### **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.



# **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):

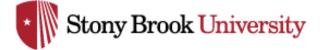
Name	Title:	
Address:		
Phone:	Fax:	
E-Mail:		
Signature:		

#### 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.
- <u>Authorized Signature Page only</u> 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 ASA at the following email address: **usg\_agencyaccounts@stonybrook.edu**. Upon approval, the Account Owner will receive a copy of the completed application and will be assigned an account number.

Date

Approved as consistent with policies of Stony Brook University:

Signature, University Controller

ASA Accounting office use only:

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

Date application received:

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

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



## **AGENCY PAYMENT VOUCHER**

### **AUXILIARY SERVICES CORPORATION**

STONY BROOK UNIVERSITY SHOP RED WEST (MELVILLE LIBRARY, LOWER LEVEL) STONY BROOK, NY 11794-3395 631-632-6435

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

Payable To:

Name	
Address	
Internal Zip	
Phone	
E-Mail	
Contact Name	

NOTE: All information must be filled out and all <u>original</u> 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:

Pick Up Contact name & number:

Agency	Account	Code:	

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

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

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

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

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

<u>lf over \$2,500.00:</u>		
Final Approver:	Signature:	Date:
	Print name:	

NOTE: All information must be filled out and all <u>original</u> 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 usg agencyaccounts@stonybrook.edu



Departm	W-9       Request for Taxpayer         Rev. November 2017)       Identification Number and Certification         epartment of the Treasury       For to www.irs.gov/FormW9 for instructions and the latest information.			Give Form to the requester. Do not send to the IRS.
-		on your income tax return). Name is required on this line; do not leave this line blank. isregarded entity name, if different from above		
Print or type. ecific Instructions on page 3.	<ul> <li>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes.</li> <li>individual/sole proprietor or C Corporation Partnership isingle-member LLC</li> <li>Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership Note: Check the appropriate box in the line above for the tax classification of the single-member work LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the own another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner.</li> <li>Other (see instructions) ►</li> </ul>		not check the LLC is per LLC that	tions (codes apply only to tities, not individuals; see is on page 3): ayee code (if any) n from FATCA reporting ny) counts maintained outside the U.S.)
P See Specific	<ul><li>5 Address (number</li><li>6 City, state, and Z</li></ul>		ter's name and address	s (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 <i>How to get a TIN</i> , later.	Social security number
<b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	Employer identification number
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.

Here	Signature of U.S. person ►	
	•	

#### **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*.

#### 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)

Date >

- 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		Agency Accounts Representative

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 six-digit account number.

Stony Brook University • Shop Red West (Melville Library, Lower Level) • Stony Brook, NY • 11794-3395 (P) 631.632.6435 • usg\_agencyaccounts@stonybrook.edu • stonybrook.edu/commcms/aux/agency



# AGENCY DEPOSIT SLIPS

DEPOSIT SLIP ASA - AGENCY ACCOUNT	DEPOSIT SLIP ASA - AGENCY ACCOUNT	DEPOSIT SLIP ASA - AGENCY ACCOUNT
ACCT #	ACCT #	ACCT #
Date:	Date:	Date:
Cash \$	Cash \$	Cash \$
Coin \$	Coin \$	Coin \$
Check	Check	Check
#\$	#\$	# \$
Check	Check	Check
#\$	#\$	#\$
Check	Check	Check
# \$	#\$	#\$
Check	Check	Check
#\$	#\$	#\$
Grand Total \$	Grand Total \$	Grand Total \$