

FSA AGENCY ACCOUNT AGREEMENT

PURPOSE

Faculty Student Association at Stony Brook University, (“FSA”) 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. FSA 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 FSA. 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.

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

AGREEMENT

Account Name: _____

In consideration thereof, _____ hereinafter referred to as the “Account Owner”, requests and authorizes FSA to act as its fiscal agent for the receipt, custody, and disbursement of funds. **FSA’S Liability is limited specifically to its actions as a fiduciary agent.**

As the designated agent, FSA will endeavor to maintain accounts consistent with the purposes and within the scope and authorizations set forth by the depositor. **FSA 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, FSA 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, FSA 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 FSA website that governs the use and administration of FSA Agency Accounts that is in accordance and consistent with SUNY guidelines.

NOTES

FSA 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
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
 - 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 FSA and communicate any discrepancies to FSA so that they may be resolved in a timely manner.

FEES

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

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.
- **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 FSA 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:

Signature, University Controller

Date

FSA Accounting office use only:

Account. Number: _____ *(to be supplied by FSA)*

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

Faculty Student Association

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: _____

1st Approver: Signature: _____ Date: _____

Print name: _____

2nd 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

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		Exempt payee code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)	
6 City, state, and ZIP code			
7 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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

Sign Here	Signature of U.S. person ▶ _____		Date ▶ _____

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)
- 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, FSA 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/FSA



AGENCY DEPOSIT SLIPS

DEPOSIT SLIP FSA - AGENCY ACCOUNT ACCT # _____ Date: _____	DEPOSIT SLIP FSA - AGENCY ACCOUNT ACCT # _____ Date: _____	DEPOSIT SLIP FSA - AGENCY ACCOUNT ACCT # _____ 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 \$ _____