



UNIVERSITY OF WASHINGTON  
**FIELD ADVANCE BANKING INFORMATION**  
 FINANCIAL SERVICES, BANKING & ACCOUNTING OPERATIONS

Date
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To: Field Advances Box 351120	Contact Name	Email Address
	Administrator Name	Email Address
	Department	
	Box Number	Phone Number

**BANKING/ELECTRONIC FUND TRANSFER INFORMATION**

Name of Bank
Branch
Bank Location (City and Country)
Bank Account Number
Name on Bank Account (University of Washington required as part of name if a US account)
Bank Code (such as ABA, Swift, CAB, ABI, Sort Code, etc.)
Names of individuals who have access to account

**NEW ACCOUNT INFORMATION**

Period of Time Account will be in use	Project Budget #
Is this a demand account (checking)?	
Describe Deposit Insurance (if any)	
Please attach the following for all new accounts (if available):	
<input type="checkbox"/> Financial Statement or Annual Report of Bank <input type="checkbox"/> Authorized signature card and Instructions for Completion	

**PROJECT INFORMATION**

Project Name	
Total amount authorized for project: \$ _____	Anticipated maximum amount needed in account at any give time: \$ _____
Name of Custodian <b>PLEASE PRINT</b>	Title of Custodian
Signature of Custodian _____	

**APPROVAL**

Name of Department Head or Principal Investigator <b>PLEASE PRINT</b>	Title of Department Head or Principal Investigator
Department Head or Principal Investigator Approval Signature _____	
Financial Services Approval Signature _____	