The University of Connecticut

Business Programs, Services and Initiatives Student Organizations Fund

ACCOUNT CLOSE FORM

Organization Name:	
Organization #:	Closing Amount: \$
If there is an account balance, a completed Disbursement Request must accompany this form. Use account code #631 (unless money is going towards something specific), and indicate in the description that the request is "to close account."	
	striving to provide great service for student organizations. Please answer the tter assist other student organizations in the future.
Why are you closing your account?	
Where will you be keeping your money in the	he future?
What additional banking services could be provided by Business Services to better assist you in managing your organization's finances?	
Do you have any other comments/suggestio	ns?
checks that are returned from the bank u	lose our account and understand that our organization will be responsible for any incollected (bounced checks). I also understand that by closing our account, we will eccipt books, etc.) and event supplies (cash boxes, tickets, etc.) provided by Business s.
Officer Name:	Net ID:
Title:	
	Business Services Use Only
Processed By:	Transaction #:
Manually note in "Organization Listing" Restrict the account in the SOFA DB usi Enter Account Closed date and change A	d attach it to the SOF copy of the closing disbursement. blue binder. Ing Account Closed and make a note "CLOSED on XX/XX/XX". Account Status to Closed in the Check Off List. Iness Office\Unopened Accounts\Closed Accounts\FYxx Close Account Forms.