Appendix D

BANK ACCOUNT CONTROL POLICY ACKNOWLEDGEMENT FORM

College

Date: _____

College Name / Central Office: _____ Dept Name: _____

Employee

I _____have read and understand the CUNY Bank Account Control Policy.

Print Name

I agree to abide by the policies set forth to the best of my abilities.

_____ _____ _____

Employee Signature *Title* *Date*