

**UNIVERSITY OF ARKANSAS FOUNDATION, INC.
REQUEST TO CLOSE ACCOUNT**

Please close the following UA Foundation Account:

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

Reason for closing account: _____

To transfer balance to another Foundation account, please provide the account number and name:

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

AUTHORIZED BY:

ACCOUNT SIGNATORY: _____

DATE: _____

Return completed form to:

FOUNDATION USE ONLY:
REV BY:

DATE: