



## Agency Fund Closing Agreement

In signing this agreement, you are agreeing to permanently close the Agency Fund \_\_\_\_\_. In order to close the fund you will need to select one of the two following options:

( ) Transfer the funds as a contribution to another on campus organization.

\_\_\_\_ Gift to the University or related University department, if choosing a specific department please note the department and org below.

Department and Org \_\_\_\_\_

( ) Check request (You will need to also bring check request form to accounts payable):

Name of Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WIN: \_\_\_\_\_

If selecting the check request option please note that Wilkes University will be released of any future fiduciary responsibilities with respect to this agency fund.

I certify that I have read and acknowledge the above statement and release Wilkes University of their responsibilities associated with this Agency Fund.

\_\_\_\_\_  
**Signature of Agency Fund Advisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Agency Fund Advisor**