

Stockton University BOA Works User Agreement

Completion of this form is acknowledgment of request for access to the Bank of America Works program and a list of individuals for whom you will be serving as proxy. In signing this agreement, you agree to compliance with University Policies and Procedures, including timely reconciliation of Works transactions.

All fields must be completed below:

Name: _____
Works user

Stockton Z# _____ Email Address _____
Works user Works user

First phone number contact: _____ Second phone number: _____

Names of individuals to whose accounts you need access as proxy:

(Add separate sheet if necessary)

Signature of Works user: _____

Print Dean/Budget Unit Manager Name

Signature authorization of Dean/Budget Unit Manager

Instructions- Complete the form, read University Policy, Procedures and Credit Card Guidelines and obtain original signatures. Send completed approved form to Accounts Payable attention: Mary Hughes