

## 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# \_\_\_\_\_  
Works user

Email Address \_\_\_\_\_  
Works user

First phone number contact: \_\_\_\_\_ Second phone number: \_\_\_\_\_

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

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(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, review University Policy, Procedures and Credit Card Guidelines, obtain original signatures and email the completed form to [AccountsPayable@stockton.edu](mailto:AccountsPayable@stockton.edu) with the subject line: *Proxy Request*.