

UNIVERSITY OF NORTH TEXAS®

ACCOUNT INFORMATION FORM

Letters and Flats / For Postal Charges

To: Mail Services x2286

Date _____

Must have the first - 4 sets of #'s

Department Name: _____

Contact Person: _____ Phone #: _____

(1) ORG. DEPT* (6 Digits)	(2) FUND CATEGORY* (3 Digits)	(3) FUND* (6 Digits)	(4) FUNCTION* (3 Digits)

**required*

PROJECT ID (7 Digits)	PROGRAM (4 Digits)	PURPOSE (5 Digits)	SITE

PC BUS UNIT	ACTIVITY ID	ANALYST TYPE	

Authorized by: _____

Mail Type: 1st Class (USPS)

Please Select:

First Class International Tracking Insurance Other: _____

If you want Receipt of Charge Include Fax # _____ *Estimated Number of Pieces:* _____

FILL OUT THIS SECTION FOR BULK MAILING ONLY

NOT FOR TIME-SENSITIVE MAIL!

*******Standard mail - Minimum 200 pieces or 50 lbs. *******

Date Address List Last Updated: _____

Please Select:

- NCOA
 Ancillary Endorsement (Not necessary if list has been NCOA certified)
 Return Services Requested

Estimated Number of Pieces: _____

Mail Services • University Services Building • (940) 565-2286

EST. 1890

PRINTED FORM MUST BE INCLUDED WITH ALL MAILING ORDERS

PLEASE KEEP A COPY FOR YOUR RECORDS

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