

STUDENT ORGANIZATION ACCOUNT SIGNATURE FORM

Full Account Name _____

Proposed Use of Funds _____

I do hereby certify that the above safekeeping funds will be used as provided by law and by the regulations as established by the Divisions of Student Services and Institutional Finance and Administration.

Responsible Student _____

Title _____ Phone _____

Signature _____ Date _____

Alternate Student 1 _____

Title _____ Phone _____

Signature _____ Date _____

Alternate Student 2 _____

Title _____ Phone _____

Signature _____ Date _____

Organization Advisor _____

Campus Title _____ Phone _____

Signature _____ Date _____