

APPLICATION FOR AGENCY ACCOUNT - STUDENT ORGANIZATION
(COMPLETE EACH LINE AND BLANK FIELD - INCOMPLETE FORMS WILL NOT BE ACCEPTED)

- 1) UNIVERSITY ACCOUNT NUMBER: _____
- 2) ORGANIZATION/ACCOUNT NAME: _____
- 3) PURPOSE OF THE ORGANIZATION: _____
- 4) What is the source of income/funding? _____
- 5) PLEASE CHECK ONE: ESTABLISHED Student Account OR NEW Student Account
- 6) As **OFFICERS** of this organization we understand that we **are responsible for any financial obligations** incurred by this organization **and for any overdraft** in this University account. ASMSU is covering the \$5 monthly service fee for RSO Agency Accounts for the 16/17 academic year.

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7) OFFICERS/ADVISOR INFORMATION: (Please print or type all but the signature) Officers must sign their own names.

 Title Name (Print Clearly) Signature. (It must match Signature Form.)

A _____
 PID# Class Phone# @ MSU Net ID U.S. or Campus Mailing Address

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 Title Name (Print Clearly) Signature. (It must match Signature Form.)

A _____
 PID# Class Phone# @ MSU Net ID U.S. or Campus Mailing Address

 Title Name (Print Clearly) Signature. (It must match Signature Form.)

A _____
 PID# Class Phone# @ MSU Net ID U.S. or Campus Mailing Address

 Title Name (Print Clearly) Signature. (It must match Signature Form.)

A _____
 PID# Class Phone# @ MSU Net ID U.S. or Campus Mailing Address

ADVISOR: _____
 Name (Print Clearly) Signature

PLEASE CHECK ONE: I AM THE CURRENT (___MSU FACULTY/ ___MSU STAFF/ ___MSU GRADUATE ASSISTANT/ ___RELIGIOUS) ADVISOR.

 Dept/Contact Phone# @ MSU Net ID / E-Mail Dept. Name & (AND) Mailing Address

- 8) It is assumed by Accounting that you, THE OFFICERS, have read the policies governing agency account operation and understand them. (See MSU Financial Accounts – Student Organizations Student Group Regulations)
- 9) Note: Student Organizations and their officers are responsible for any financial obligations incurred by the organization and for any overdraft in their University Account. **Original ink signatures only. Faxed, copied or stamped signatures are not allowed.**

10) Verification of Organization registration and approval of request:
 Dept of Student Life or Dept of Residence Education and Housing Services /Date: _____