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. Agency accounts are charged a $5.00 monthly service fee.

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 ___________________ Phone# ___________________ @ MSU Net ID ___________________ U.S. or Campus Mailing Address

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

A ___________________ Phone# ___________________ @ MSU Net ID ___________________ U.S. or Campus Mailing Address

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

A ___________________ Phone# ___________________ @ MSU Net ID ___________________ U.S. or Campus Mailing Address

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

A ___________________ 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)

10) Verification of Organization registration and approval of request:

Dept of Student Life or Dept of Residence Education and Housing Services /Date: ___________________

This form is used for new account application and is required for annual reapplication for agency accounts.

Updated 7-30-13