

**18/19 APPLICATION/RENEWAL FOR AGENCY ACCOUNT - STUDENT ORGANIZATION**  
(COMPLETE EACH LINE AND EVERY BLANK FIELD - MUST BE LEGIBLE - 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 18/19 academic year.

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

R E Q U I R E D	Position _____	Name (Print Clearly) _____	Signature (Must Match Signature Form) _____	A PID#
	Fr    So    Jr    Sr    Gtcd			
	Class Standing - Check One	Phone Number	@msu.edu email	Local Address, City, State, Zip

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<b>ADVISOR:</b> _____		
Name (Print Clearly)	Signature	
PLEASE CHECK ONE: I AM THE CURRENT ( <input type="checkbox"/> MSU FACULTY <input type="checkbox"/> MSU STAFF <input type="checkbox"/> MSU GRADUATE ASSISTANT <input type="checkbox"/> RELIGIOUS) ADVISOR.		
Dept/Contact Phone Number	@msu.edu email	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 will not be accepted.**

10) Verification of Organization registration and approval of request: Dept of Student Life or Dept of Residence Education and Housing Services /Date: _____	
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# Authorized Signature Form - Agency Account - Student Organization

All officers listed on page 1, are required to sign on page 2.

Incomplete forms will not be accepted.

Fiscal/Academic Year: 2018/2019

(TWO TO FOUR STUDENT OFFICERS REQUIRED)

Account Name: \_\_\_\_\_

Account #: \_\_\_\_\_

(print or type clearly) <b>Organization Role-Title</b> <b>*REQUIRED*</b>	(print or type clearly) <b>Name - Authorized Person</b> <b>*REQUIRED*</b>	(print or type clearly) <b>MSU NETID: @msu.edu</b> <b>*REQUIRED*</b>	<b>(INK SIGNATURES ONLY)</b> <b>Authorized Signature</b> <b>*REQUIRED*</b>
Ex:  Treasurer	Johnny Spartan	spartanj @	<i>Johnny Spartan</i>
		@	
		@	
		@	
		@	

**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.

### Instructions - Authorized Signature Form:

A new application and signature form must be completed each time there is a change in the persons authorized to sign for the organization.

The organization's President and Advisor must approve all authorized persons by signing below. Only those persons signing this form (above) are considered authorized signers for the account.

Signatures are valid until new account form is received by Accounting Department.

Advisors cannot be authorized signers for the account.

Approval - President of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Approval - Advisor of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

### Verification

Dept of Student Life: \_\_\_\_\_ Date: \_\_\_\_\_