

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

1) UNIVERSITY ACCOUNT NUMBER: 31- _____

2) ORGANIZATION/ACCOUNT NAME: _____

3) PURPOSE OF THE ORGANIZATION _____

4) What is the source of income/funding? _____

5) PLEASE CHECK ONE: _____ ESTABLISHED Student Account _____ NEW Student Account

6) Have any group members been associated with a student organization that has been closed within the last year? YES / NO
 If yes explain: _____

7) 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.

8) The organization further authorizes the University to forfeit any abandoned monies to general University funds. Monies will be deemed abandoned if for a period of 18 months or more no accounting transaction is made (other than monthly service fees) and no authorized organization officer notifies the University's Accounting Department in writing at 360 Administration Building of the organization's desire to renew the account.

9) OFFICERS/ADVISOR INFORMATION: (Please print or type all but the signature, continue on the next page.)

R E Q U I R E D	_____	_____	_____	_____	_____
	Title	Name (Print Clearly)	Signature. (It must match Signature Form.)		
A	_____	_____	_____	_____	_____
PID#	Class	Phone#	@ MSU Net ID	U.S. or Campus Mailing Address	

R E Q U I R E D	_____	_____	_____	_____	_____
	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 &/or Mailing Address

10) **We**, THE OFFICERS, **have read the policies** governing agency account operation and understand them? YES ___ NO ___
 (See MSU Financial Accounts – Student Organizations Student Group Regulations)

11) Verification of Organization registration and approval of request:
 Dept of Student Life or Dept of Residence Life / Date: _____

Controller's Office / Date: _____

CONTINUATION OF OFFICERS FOR ACCOUNT NUMBER: 31-_____

ACCOUNT NAME _____

(COMPLETE ALL BLANK FIELDS – INCOMPLETE FORMS WILL NOT BE ACCEPTED)

9) OFFICERS/ADVISOR INFORMATION CONTINUED: (Please print or type all but the signature).

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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