



Student Clubs and Organizations Updated Signature Form

Foundation Account Name: Account Number: Effective Date:

- For any questions regarding your account please contact Associated Students, Inc. (ASI).
- Once this form is complete, please submit to Office of Student Life (OSL).
- This account will automatically expire three years from the date of its opening, at which point any remaining funds will be disposed of in accordance with the account application type. Account holders must renew their accounts prior to expiration.

Account Information

This agreement is used to add, change or delete authorized signers who can approve expenditures related to this account. By signing this agreement, the account director agrees to be responsible for the programmatic and financial management and conduct of this account. The individuals listed below certify that all expenditures will be in compliance with the educational mission of the university, the policies and procedures of the Foundation, and the restrictions imposed. If the signature authority is delegated to other individuals, it is understood that the account director will be responsible for all expenditures relating to this account.

Please add the following additional signer(s) on the listed account(s) above for the following period

For the entire period
 For the period only (start date) (end date)

Please note that it is the account director's responsibility to manage and maintain the understanding of this account.

You as the account director may delegate signature authority for the following:

- | | | |
|--|--|--|
| <input checked="" type="radio"/> Deposits of funds | <input checked="" type="radio"/> University charge-back invoices | <input checked="" type="radio"/> Travel w/explanation & approval |
| <input checked="" type="radio"/> Payroll expenses | <input checked="" type="radio"/> Purchases of goods & services | <input checked="" type="radio"/> Budget transfer |

Any persons wishing access to this account must be an authorized account signer below. All past signature Applications will be void with the acceptance of this application. This account will still be governed by the terms of the original Account Application.

AUTHORIZED ACCOUNT SIGNERS

Student Organization President	Signature	Student ID#	Date
Email Address			

Student Organization Treasurer	Signature	Student ID#	Date
Email Address			

Add'l Student Organization Member (Not Required)	Signature	Student ID#	Date
Email Address			



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AUTHORIZED STUDENT ADVISOR

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (Print)	Signature	Date

AUTHORIZED OSL REPRESENTATIVE

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (Print)	Signature	Date

ACCOUNT DIRECTOR/OFFICER ASI

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (Print)	Signature	Date

AUTHORIZATION BY FOUNDATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Foundation Approval	Signature	Date