



# ASSOCIATED STUDENTS INC

CALIFORNIA STATE UNIVERSITY, FULLERTON™

## AGENCY ACCOUNT CHECK REQUEST

Date of Request \_\_\_\_\_

Requested By \_\_\_\_\_

Phone No. \_\_\_\_\_

CSU E-mail Address \_\_\_\_\_

Amount of Check \_\_\_\_\_

Payee Name \_\_\_\_\_

CWID (If Applicable) \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Name To Be Charged \_\_\_\_\_

Account Number To Be Charged \_\_\_\_\_

Purpose of Check \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

**FOR ACCOUNTING USE ONLY**

Vendor No. \_\_\_\_\_

Verified By \_\_\_\_\_

Check No. \_\_\_\_\_

Date \_\_\_\_\_

***Please attach original receipts to this Agency Accounts Check Request form.***

***Check Delivery:***

All checks will be delivered by mail.

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Name

**I certify that the other two signatures are authorized for the current academic year.**

***E-mail completed form to [asifinancialservices@fullerton.edu](mailto:asifinancialservices@fullerton.edu)***