



# ASSOCIATED STUDENTS INC

CALIFORNIA STATE UNIVERSITY, FULLERTON™

## AGENCY ACCOUNT DEPOSIT FORM

Date of Deposit \_\_\_\_\_

Amount of Deposit \_\_\_\_\_

**FOR ACCOUNTING USE ONLY**

Received By \_\_\_\_\_

Date \_\_\_\_\_

Name of Individual Making Deposit \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Agency (Club) To Be Credited \_\_\_\_\_

Account Number To Be Credited \_\_\_\_\_

Source of Funds (Complete Description) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Individual Making Deposit Signature

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

\_\_\_\_\_  
Individual Making Deposit Name

\_\_\_\_\_  
Advisor Name