

New Account      Fiscal Year \_\_\_\_\_

Change of Signature      Filing Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

Agency Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

CSUF E-mail \_\_\_\_\_

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

Clubs/organizations with an Agency Account can transact business (deposits/withdrawals) with ASI, only if recognized by the Student Life & Leadership office for the current academic year.

Fifty dollars (\$50.00) is required to open an Agency Account and is the minimum balance to be maintained to conduct business with ASI.

I. Source of Funds (Be Specific) \_\_\_\_\_

\_\_\_\_\_

II. **Disposition of Inactive Agency Account Funds** form must be signed by authorized individual(s) and attached to this form at the time Agency account is established and/or updated.

- By signing this form, I am authorizing Associated Students Inc., CSUF to deduct funds for services or materials provided by Associated Students Inc., CSUF; California State University, Fullerton; and Auxiliary Services Corporation CSUF to be charged to this account.
- I understand that all interest generated on Agency account dollars will be used by Associated Students Inc.,CSUF to offset administrative overhead. Additionally, the Agency organization will be charged for any NSF and/or Stop Payment bank fees incurred.
- I understand and agree that Associated Students Inc., CSUF non-profit tax exempt ID# is not available for use for any purpose whatsoever; any IRS required filings is the sole responsibility of the club/organization.
- I further understand and agree that Associated Students Inc., CSUF acts in a fiduciary capacity with respect to our funds, is not responsible for the nature and purpose of any disbursement, and administers disbursements in accordance with ASI policies.

**Authorized Signatures** Three (3) signatures – 2 officers and 1 advisor – are required on check requests. Advisor’s signature on check requests certifies the validity of the officer signatures.

Name _____	Name _____	Name _____
CWID _____	CWID _____	CWID _____
Title _____	Title _____	Title _____
E-mail _____	E-mail _____	E-mail _____
Signature _____	Signature _____	Signature _____
<b>OFFICER</b>	<b>OFFICER</b>	<b>ADVISOR</b>

**Return form to:** ASI Financial Services | asifinancialservices@fullerton.edu | Associated Students Inc., CSUF | 800 N. State College Blvd., Fullerton, CA 92831

Financial Services Office Only:      Received By \_\_\_\_\_      Date \_\_\_\_\_