



AGENCY ACCOUNT FORM

- New Agency Account Academic Year _____
- Reactivation of Account Today's Date _____
- Change of Signature

Name of Organization _____

Agency Number _____

Contact Person _____

Title _____

CSUF E-mail _____
(required)

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.

- By signing this form, I am authorizing Associated Students Inc. CSUF to serve as a bank account for our club, accepting deposits and fulfilling check requests for expense reimbursement.
- I understand and agree that Associated Students Inc. CSUF non-profit tax-exempt ID# is not available for use.
- I further understand and agree that the Associated Students Inc. CSUF acts in a fiduciary capacity with respect to your funds, is not responsible for the nature and purpose of any disbursement, and administers disbursements in accordance with ASI policies.
- I hereby authorize any funds remaining in our club agency account, should it be considered inactive (no activity for more than two years), to be disbursed in accordance to Article IX. Disbursal of Organization Assets of our club constitution.

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 _____
OFFICER (President/Chair)
OFFICER (Treasurer/Finance)
ADVISOR (CSUF Faculty/Staff)

Email 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 _____

Time Stamp