ASSOCIATED STUDENTS INC
CALIFORNIA STATE UNIVERSITY, FULLERTON™

AGENCY ACCOUNT FORM

☐ New Agency Account Academic Year _____

☐ Reactivation of Account Today's Date _____

☐ Change of Signature

Club Name _____
(full name, no acronyms)

Agency Account Number _____

Treasurer Name _____

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# and W-9 are 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's constitution.
- A new form will need to be submitted if the club changes president, treasurer, and/or advisor during the current academic year. The account will be on hold until the new form is processed.
- The names on this form need to match the approved list provided by Student Life & Leadership.
- Access to Sage is only granted to club treasurer and advisor after required training has been completed.

Authorized Signatures The signatures of the President, Treasurer, and Advisor are **required** to activate the account. If the form is digitally signed, the signature verification certificate or equivalent must be attached to the PDF. Forms with original (wet) signatures can be submitted in-person to TSU-224 or scanned and emailed to asifinancialservices@fullerton.edu. **Only list the CSUF email addresses**.

President/Chair	Treasurer/Finance	Advisor (CSUF Faculty/Staff)
Name _____	Name _____	Name _____
CWID _____	CWID _____	CWID _____
Title _____	Title _____	Title _____
E-mail _____	E-mail _____	E-mail _____
Signature _____	Signature _____	Signature _____

Submit to: ASI Financial Services | asifinancialservices@fullerton.edu | Associated Students Inc. CSUF | 800 N. State College Blvd, TSU-224, Fullerton, CA 92831

Financial Services Office Only:
(updated 7/2026)

Verified By _____ Date _____

Time Stamp