

AGENCY ACCOUNT REPORT FORM

The Office of Student Life requires this form be completed biannually
by all student organizations that hold off-campus agency accounts.

Organization: _____ Academic Year: _____

Advisor: _____ Phone: _____

Bank/Credit Union: _____ Account #: _____

Number of signatures required on check: _____

Person(s) authorized to sign on account:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

As the official organization advisor, I agree to update this agency account information should it change during the course of the fiscal year listed above.

Organization Advisor Signature

Date