

This form should be used by student organizations that have an established account.

Only the individuals listed below are authorized to make withdrawals from your deposit account at the University Cashiers office.

Name of Organization: _____

Required Signatures:

Treasurer's Signature: _____

Print Name: _____

Phone: _____

Email: _____

Adviser's Signature: _____

Print Name: _____

Phone: _____

Email: _____

Co-adviser's Signature: _____

Print Name _____

Phone: _____

Email: _____

Authorization Signature:

Director of Student Life & Activities: _____ Date: _____

Please fill out completely and return to the Office of Student Life & Activities.