



**ASSOCIATED STUDENTS, INC**  
**2015-2016 STUDENT CLUB/ORGANIZATION**  
**ACCOUNT AGREEMENT/SIGNATURE AUTHORIZATION**

**Form must be typed and bear original signatures**

**ACCOUNT INFORMATION**

Club/Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_  ASI  Club  Both

Account No.: \_\_\_\_\_  New Account  Change Signatures  Change Name

**AGREEMENT**

*This Account Agreement must be on file with the Associated Students, Inc. Business Office (USU room 317) to authorize expenditures from the funded student organization or program listed above. Please report any changes in officers and/or advisors to Associated Students and submit a new Account Agreement. The authorized signatures will remain in effect until otherwise updated/changed.*

*This account will be subject to an annual independent audit and will be administered by personnel of the California State University, Fresno Association, Inc. Funds in this account will not earn interest. Any interest earned shall accrue to the Associated Students as consideration under this agreement.*

*This Account Agreement must be on file with the Associated Students to authorize expenditures from the funded student organization or program listed above. Please report any changes in officers and/or advisors to Associated Students and submit a new Account Agreement. The authorized signatures will remain in effect until otherwise updated/changed.*

*Any and all liabilities, suits, claims, costs, expenses, suits, taxes and/or penalties (collectively "Liabilities") arising out of or in any way related to the activities or operations of the above-named Club/Organization shall in all cases be and remain the sole responsibility of said Club/Organization. Further, said Club/Organization agrees to fully and promptly indemnify, defend and hold harmless ASI, the State of California, Trustees of the California University, California State University, Fresno, and all of said entities' employees, agents, representatives, directors and officers from and against all Liabilities. The above-named Club/Organization agrees that it shall not under any circumstances: (i) disseminate or communicate to others ASI's employer identification number, or (ii) represent to others that ASI's employer identification number may be used by said Club/Organization in the conduct of any of the activities or operations of said Club/Organization.*

**DATE RECEIVED**  
ASI OFFICE

**DATE RECEIVED**  
AUXILIARY OFFICE

**ATHORIZED SIGNATURES**

*The following individuals will be authorized to sign expense requests until otherwise indicated:*

**PRESIDENT: (print):** \_\_\_\_\_ **(signature):** \_\_\_\_\_

Phone Number **(required):** \_\_\_\_\_ E-mail: \_\_\_\_\_

**VICE PRESIDENT: (print):** \_\_\_\_\_ **(signature):** \_\_\_\_\_

Phone Number **(required):** \_\_\_\_\_ E-mail: \_\_\_\_\_

**TREASURER: (print):** \_\_\_\_\_ **(signature):** \_\_\_\_\_

Phone Number **(required):** \_\_\_\_\_ E-mail: \_\_\_\_\_

**ADVISOR: (print):** \_\_\_\_\_ **(signature):** \_\_\_\_\_

Phone Number **(required):** \_\_\_\_\_ E-mail: \_\_\_\_\_

**OTHER: (print):** \_\_\_\_\_ **(signature):** \_\_\_\_\_

Phone Number **(required):** \_\_\_\_\_ E-mail: \_\_\_\_\_

**SIGNATURES & APPROVALS**

**RECEIVED BY:**

ASI Business Office: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

**AUXILIARY ACCOUNTING** Accountant Signature: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Account No: \_\_\_\_\_ Comments: \_\_\_\_\_



# Associated Students, Inc.

Financial Services USU 317  
5280 N. Jackson Ave. M/S U-32  
Fresno, CA 93740  
Phone: 559.278.2656

**New: request your statement online!**

The Club Activity Report Request Form is now available on the ASI website under the Club Accounts section: [asi.csufresno.edu](http://asi.csufresno.edu)

## ASI CLUB ACCOUNT AUTHORIZATION FORM

Official Club Name: \_\_\_\_\_

Club Account #: \_\_\_\_\_

The undersigned warrants and represents to associated Students, California State University, Fresno (“ASI”) that he/she is an authorized representative of the \_\_\_\_\_ [name of club] (hereinafter “Club”), and that Club desires and is authorized, in accordance with all required legal and organizational approvals, to open a Club Account with ASI, and that such Club Account shall be subject at all times to all ASI policies and procedures for Club Accounts now existing and which hereafter may be enacted by ASI (“Policies and Procedures”). The undersigned warrants and represents on behalf of Club that Club will adhere to all such Policies and Procedures.

On behalf of Club, Club agrees that at any time if at least two (2) years have transpired without either: (i) Club having deposited funds into or withdrawn funds from the above-referenced Club Account, or (ii) ASI having received any oral or written contact from an authorized representative of Club, then ASI shall remit the entire balance of the above-referenced Club Account to Club by making a check payable to Club and delivering the same to the undersigned at the address shown below. Upon receiving such check, the undersigned, or other authorized representative of the Club, shall promptly cash the check and remit such funds to the Club.

**Must be completed:**

Advisor Name (*Print*) \_\_\_\_\_

Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_