ACCOUNT INFORMATION

Club/Organization Name: _____ Date: _____ Date: _____ ASI Club Both ☐ New Account ☐ Change Signatures ☐ Change Name Account No.: ____

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.

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.

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

AUTHORIZED SIGNATURES The following individuals will be authorized to sign expense requests until otherwise indicated: PRESIDENT (print): ____ 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: ____ (signature): _____ ADVISOR 2 (print, if applicable): Phone Number (required): _____ E-mail: ____ SIGNATURES & APPROVALS

VERIFIED BY:

ASI Business Office: _ Please Print

AUXILIARY ACCOUNTING

Accountant Signature: _____ Date Processed: _____ Account No: _____ Comments: _____

Official Club Name:	
Club Account #:	·
	Students, California State University horized representative of the b (hereinafter "Club"), and that Club
desires and is authorized, in accordance with all required open a Club Account with ASI, and that such Club Accounts now existi by ASI ("Policies and Procedures"). The undersigned was that Club will adhere to all such Policies and Procedures.	legal and organizational approvals, to ount shall be subject at all times to al- ing and which hereafter may be enacted
On behalf of Club, Club agrees that at any time if at least either: (i) Club having deposited funds into or withdrawn Account, or (ii) ASI having received any oral or representative of Club, then ASI shall remit the entire Account to Club by making a check payable to Club and at the address shown below. Upon receiving such check representative of the Club, shall promptly cash the check a	funds from the above-referenced Club written contact from an authorized balance of the above-referenced Club delivering the same to the undersigned to, the undersigned, or other authorized
Advisor Name (Print):	-
Advisor Signature:	
Mailing Address:	