



Associated Students, Inc. Student Organization Account Administration Agreement

We, the officers of _____ Student Organization certify that the
(write in full name of organization)
provided information is current and accurate.

ESTABLISH A NEW ACCOUNT MODIFY EXISTING ACCOUNT: Account # _____

We, the officers, agree this organization will:

1. Read, understand, and adhere to the Associated Students, Inc. (ASI) Student Organization Account Administration Agreement Policy.
2. Insure Treasurer attends all ASI Finance Trainings.
3. Adhere to the ASI Student Assistant Trust Agreement Policy.
4. Agree that all monies requested from the Account **not** used in accordance with ASI or University Policies and Procedures may result in discontinuation of Trust Account and/or legal action.
5. Agree that all signers of this Agreement, if accused of any malfeasance, will be investigated and may face legal action.

STUDENT ORGANIZATION PRESIDENT (Signature) (Print Name) DATE

*STUDENT ORGANIZATION TREASURER (Signature) (Print Name) DATE

FACULTY/STAFF ADVISOR (Signature) (Print Name) DATE

STUDENT LEADERSHIP & DEVELOPMENT APPROVAL DATE

ASI VICE PRESIDENT APPROVAL DATE

The above signatures indicate those persons authorized to approve expenditures from this account.

*Signature gives authority to do all financial dealings with ASI/USU Services.