



California State University|Stanislaus

Associated Students, Inc. Student Organization Account Administration Agreement

We, the officers of _____ Student Organization certify that the 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. 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.
4. Agree that all signers of this Agreement, if accused of any malfeasance, will be investigated and may face legal action.

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

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

STUDENT ORGANIZATION PRESIDENT (Print Name) (Signature) DATE

(Email Address)

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

(Email Address)

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

(Email Address)

STUDENT LEADERSHIP & DEVELOPMENT APPROVAL DATE

ASI/SC EXECUTIVE DIRECTOR APPROVAL DATE