

**CLUB/ORGANIZATION INFORMATION SHEET  
(AGENCY FUND INFORMATION FORM)**

Name of Club/Organization (Do not abbreviate):

\_\_\_\_\_

Name of Sponsor:

\_\_\_\_\_

Names of Officers and their Titles:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of Clubs/Organization members authorized to request checks and to request account balances:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that I will be held personally responsible for any overdrafts of this account. I further acknowledge that I will pursue collection of any returned checks deposited to this account. All withdrawals must be substantiated with receipts, invoices, or other appropriate documentation. Payments to individuals for services may not be made from these funds.

I have read and will abide by the policies and procedures as set forth by the university.

Signed: \_\_\_\_\_  
Faculty/Staff Sponsor

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Student Officer

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_  
(Assigned by Financial Services)