



FORM 3.8

AGENCY FUND INFORMATION FORM

Name of Organization (Do not abbreviate):

Name of Advisor:

Names of Officers and their Titles:

Names of Members authorized to request checks and account balances:

I understand that I will be held personally responsible for any overdrafts of the 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 East Texas Baptist University.

Organization Officer

Date

Organization Advisor

Date

Account Number: _____

(Assigned by Financial Services)