

Agency Account Authorization Form

Date: _____

Name of Student Organization: _____

Recognized or Pending: _____

Name of Advisor: _____
(name on the account)

Phone Number: _____

Email Address: _____

Student Requesting Account: _____

Position in organization: _____

Phone Number: _____

Local Address: _____
(a copy of this form with your new account number will be mailed to you)

Email Address: _____

Signature: _____

Does the student organization have a SABC account? Yes No

Office of Student Activities

Authorized Official: _____

Date: _____

New Account Number: _____

Comstock Memorial Union Fax #: 218.477.2052