

AGENCY ACCOUNT AUTHORIZATION

Office of Leadership Activities

University of the Incarnate Word
4301 Broadway CPO #306 San Antonio, Texas 78209
(210) 829-6034 office (210) 283-5023 fax
www.uiw.edu/studentlife/organizationforms

Name of Organization: _____

Initial Deposit Amount: \$ _____ Sources of Income: _____

How are funds to be disposed if the organization is dissolved? *

* If no transaction occurs for a one year period and no provision is made for the disposal of funds, the Agency Account funds will be transferred to the Student Government Association Agency Account to be dispersed to student organizations.

Persons authorized to use the account:

Student Name: _____ Student ID: _____

Position: _____

E-Mail Address: _____ Phone: _____

Local Mailing Address: _____

Signature: _____ Date: _____

Student Name: _____ Student ID: _____

Position: _____

E-Mail Address: _____ Phone: _____

Local Mailing Address: _____

Signature: _____ Date: _____

On-Campus Advisor (REQUIRED - must be a UIW faculty/staff/administrator)

Name: _____ Faculty/Staff ID: _____

University Title: _____

E-Mail Address: _____ Phone: _____

Department: _____ Campus CPO # _____

Signature: _____ Date: _____

Agency Account Approval

Director, Student Center & Leadership Activities

Date

Dean of Campus Life

Date

Comptroller Office Use: Date _____ Agency Account # _____