

CLUB ACCOUNT AGREEMENT

NAME OF CLUB ACCOUNT _____

FORMER CLUB NAME (IF APPLICABLE) _____

CONTACT PERSON (CLUB PRESIDENT OR TREASURER) _____

E-MAIL ADDRESS (CLUB PRESIDENT OR TREASURER) _____

TELEPHONE # _____ **STUDENT ORGS & LEADERSHIP MAILBOX#** _____

ACCOUNT # _____

TERMS OF AGREEMENT

The following terms and conditions provide information relative to the establishment of a club account with ASCSUS. The conditions are as follows:

1. All student clubs and organizations must first have approval from their faculty advisor and from the Student Organizations & Leadership (SO&L) Office to establish a club account with ASI.
2. All student clubs and organizations must comply with the attached Sac State policies.
3. Any item deposited to your account which is returned unpaid from the bank upon which it is drawn for reasons of insufficient funds, refer to maker, etc., will be charged back to the club account with any applicable NSF fees.
4. ASI cannot honor any withdrawal when the club account has an insufficient balance to cover the withdrawal.
5. All withdrawals from the account will be in the form of checks that are substantiated by original receipts, invoices, or other documentation approved by ASI's Director of Finance and Administration (please refer to instructions on the back of the ASI Check Request Form). Any withdrawals below \$20.00 will be issued in cash.
6. There will be no service charge assessed by ASI for maintenance of club accounts; however, if ASI must file a stop payment request with the banking institution, the cost of the stop payment fee will be the responsibility of the club.
7. When the club or organization uses ASI equipment, services, or facilities, the club or organization agrees to pay in full any fees and damages that the organization may incur and authorizes ASI to debit and/or encumber the account for such fees and damages.
8. ASI requires all clubs and organizations to have an ORIGINAL signed authorization form indicating the individuals allowed to withdraw funds or request and receive account balances. Faculty Advisors are not allowed to sign for club withdrawals. This form should include sufficient authorized signatures, since the payee on the check request cannot be the same individual authorizing the check request. Any payable greater than \$10,000 requires two signatures.
9. It is the responsibility of the organization to update authorized ORIGINAL signatures when new officers' are elected. All updated contracts must also have a signature from their faculty advisor and a representative of the SO&L Office.
10. It is understood by the parties of the Club Agreement that Associated Students, as a limited agent for the account funds, shall not be responsible for obligations incurred by the club or organization. Nor shall Associated Students be the guarantor in the event that funds held in this account are insufficient to satisfy an indebtedness of the principal.
11. This account may be subject to an annual independent audit.
12. Funds in this account will not earn interest. Any interest earned shall accrue to the Associated Students as consideration under this Agreement.
13. Clubs cannot use off-campus bank accounts unless given prior approval from the University, Associate Vice President of Financial Services.

SIGNATURE FORM - AGREEMENT FOR ESTABLISHMENT OF A CLUB ACCOUNT

NAME OF CLUB ACCOUNT: _____

ACADEMIC YEAR: _____

Would you like the release of funds (check request) to require a minimum of two signatures? ___ YES ___ NO

If YES, please include a minimum of *three* ORIGINAL signatures. If NO, provide a minimum of *two* ORIGINAL signatures. (Minimum 3 signors required for related authorized members, i.e., siblings, spouses, or other legal relation)

Printed Name of President

Signature of President

Contact Phone Number (REQUIRED)

Contact Email (REQUIRED)

Printed Name of Treasurer/Like Officer

Signature of Treasurer/Like Officer

Contact Phone Number (REQUIRED)

Contact Email (REQUIRED)

Printed Name of Authorized Signer

Signature of Authorized Signer

Title

Contact Phone Number (REQUIRED)

Contact Email (REQUIRED)

Printed Name of Authorized Signer

Signature of Authorized Signer

Title

Contact Phone Number (REQUIRED)

Contact Email (REQUIRED)

Printed Name of Authorized Signer

Signature of Authorized Signer

Title

Contact Phone Number (REQUIRED)

Contact Email (REQUIRED)

THE AREA BELOW MUST BE COMPLETED TO CREATE OR RENEW AN ACCOUNT WITH THE ASI BUSINESS AND ADMINISTRATION OFFICE

President's Signature

Treasurer (or Like Officer) Signature

Date ____/____/____

Date ____/____/____

Faculty Advisor's Name and Signature

Student Organizations & Leadership Signature
CONTRACT VALID UNTIL

FA Email (REQUIRED): _____

Date ____/____/____

Date ____/____/____ Date ____/____/____