This form is required if you do NOT have an account with Student Activities Business Services

ORGANIZATION NAME: ____________________________________________________________

Does your organization have an outside bank account? Yes____ No____
If yes, where? ________________________________________________________________

Treasurer (Signature) ___________________________________________ Date ______________
PRINT NAME _______________________________________________________________
E-MAIL __________________________

President (Signature) ___________________________________________ Date ______________
PRINT NAME _______________________________________________________________
E-MAIL __________________________

3rd Officer (Signature) ___________________________________________ Date ______________
PRINT NAME _______________________________________________________________
E-MAIL __________________________

Advisor (Signature) ___________________________________________ Date ______________
PRINT NAME _______________________________________________________________
UCONN ADDRESS ___________________________________________________________
UCONN PHONE _____________________________ UCONN E-MAIL _______________________

Accepted by (SABS Staff Initials): __________ Date: ______________