2019-2020 Banking Contract

ONLY Original Signatures Will Be Accepted

EFFECTIVE DATE: 07/01/2019

BANK ORG. #: ______________________

ORGANIZATION NAME: ________________________________

Banking Compliance Statement:
We the undersigned, as duly authorized representatives of the above mentioned student organization, do hereby request to have an account with the Business Services Student Organizations Fund for a period of one fiscal year. We understand that all financial activity, including but not limited to cash receipts and disbursements, will be channeled through this Business Services account and that we will have no outside bank accounts. We further understand that we are required to have a Beneficiary Card on file and that all financial activity, including but not limited to cash receipts and disbursements, will be channeled through this Business Services account and that we will have no outside bank accounts. We in turn pledge to keep proper accounting records in the form prescribed by the University and that these records will be made available for review upon request. Business Services reserves the right to decline or suspend services if the organization fails to comply or if services conflict with State or University policies and procedures. In the event the organization ceases operations and/or does not renew its contract, Business Services reserves the right to decline or suspend services if the organization fails to comply or if services conflict with State or University policies and procedures. In the event the organization ceases operations and/or does not renew its contract it authorizes Business Services to distribute funds to its designated beneficiary for balances greater than or equal to $20; balances less than $20 will be disbursed to all other active account holding organizations. We also authorize Business Services to disperse funds for outstanding debts incurred, should the organization cease operations.

Treasurer

(Required) SIGNATURE

Date ______________________

PRINT NAME ___________________________ Net ID (abc10001) ___________________________

PHONE _______________________ E-MAIL _______________________

Advisor Acknowledgement:
I hereby state that I am a full-time faculty/staff member or graduate student of UConn serving as this organization’s advisor for the 2019-2020 academic year.

Advisor

(Required) SIGNATURE

E-MAIL _______________________

Print Name ______________________ Phone _______________________ Date ______________________

Signatories: Sign your most natural signature. Every disbursement request will be compared to this sheet.

President

(Required) SIGNATURE

Date ______________________

PRINT NAME ___________________________ Net ID (abc10001) ___________________________

PHONE _______________________ E-MAIL _______________________

OTHER (Exec. Officer)

(Required) SIGNATURE

Date ______________________

PRINT NAME ___________________________ Net ID (abc10001) ___________________________

TITLE _______________________ E-MAIL _______________________

OTHER (Exec. Officer)

(Optional) SIGNATURE

Date ______________________

PRINT NAME ___________________________ Net ID (abc10001) ___________________________

TITLE _______________________ E-MAIL _______________________

Business Services Approval: _______________________ Date: ______________________