The University of Connecticut -- DSA – Business Programs, Services and Initiatives
Student Organizations Fund

2018-2019 Banking Contract

ONLY Original Signatures Will Be Accepted

EFFECTIVE DATE: 07/01/2018  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 academic 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 C designation on file and that a review of our financial activities will be annually performed by Business Services. 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 no outside bank accounts are maintained, the organization’s account will be disbursed to all other active account holding organizations.

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

Treasurer (Required)  ________________________________  Date ____________________
SIGNATURE

PRINT NAME ________________________________  Net ID (abc10001) ____________________
PHONE ________________________________  E-MAIL ____________________

Advisor (Required)  ________________________________  E-MAIL ____________________
SIGNATURE
Print Name ________________________________  Phone ____________________  Date ____________________

President (Required)  ________________________________  Date ____________________
SIGNATURE

PRINT NAME ________________________________  Net ID (abc10001) ____________________
PHONE ________________________________  E-MAIL ____________________

OTHER (Exec. Officer) (Required)  ________________________________  Date ____________________
SIGNATURE
PRINT NAME ________________________________  Net ID (abc10001) ____________________
TITLE ________________________________  E-MAIL ____________________

OTHER (Exec. Officer) (Optional)  ________________________________  Date ____________________
SIGNATURE
PRINT NAME ________________________________  Net ID (abc10001) ____________________
TITLE ________________________________  E-MAIL ____________________

Business Services Approval: ________________________________  Date: ____________________