

# 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](http://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 # \_\_\_\_\_