

Agency Fund Account Signature Card

Acknowledgement

"I acknowledge that I have read and agree with the terms and conditions as set forth in the Shippensburg University Student Services, Inc. Agency Fund Agreement. I also certify that I am a duly elected officer of the organization for which I am signing or an authorized participant of the project, and that the information provided is true and complete to the best of my knowledge."

Fund Title: _____

President
Name: _____
Dept., College, Organization: _____
ID Number: _____
Signature: _____
Date: _____

Advisor
Name: _____
Dept., College, Organization: _____
ID Number: _____
Signature: _____
Date: _____

Treasurer
Name: _____
Dept., College, Organization: _____
ID Number: _____
Signature: _____
Date: _____

Other: _____
Name: _____
Dept., College, Organization: _____
ID Number: _____
Signature: _____
Date: _____