



# FC Club/Organization Account & Authorized Users

## Student Life and Leadership

Student Center, Room 214 | 321 E. Chapman Avenue | Fullerton, CA 92832-2095  
Office: (714) 992-7095 | Email: studentlife@fullcoll.edu

Date: \_\_\_\_\_  Fall Semester \_\_\_\_\_  Spring Semester \_\_\_\_\_

Name of Club/Organization: \_\_\_\_\_

Bursar's Trust Account: # \_\_\_\_\_ - \_\_\_\_\_  Update Account User(s) (\*See # 6-9)

Requesting New Club/Organization Trust Account

1. Name of Individual Requesting Account: \_\_\_\_\_
2. Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_
3. Funds are to be used for: \_\_\_\_\_  
\_\_\_\_\_
4. How long will the account be needed? \_\_\_\_\_
5. Suggested disposition of funds when the account ceases activity: \_\_\_\_\_  
\_\_\_\_\_

*\*Please note that any inactive club/organization account more than 10 years old that have remaining funds will automatically be transferred to the Inter-Club Council general budget*

6. Individual Officer(s) responsible for account:

- a. Treasurer: \_\_\_\_\_
- b. President: \_\_\_\_\_
- c. Advisor(s): \_\_\_\_\_
- d. Other: \_\_\_\_\_

7. Responsible officer(s) who will deposit funds:

- a. Name: \_\_\_\_\_ Title: \_\_\_\_\_
- b. Name: \_\_\_\_\_ Title: \_\_\_\_\_

9. Authorized approval signature(s) on purchase requisition: *\*Please have club/organization advisor(s) sign this form.*

- |               |                  |                   |
|---------------|------------------|-------------------|
| (1) Treasurer | Signature: _____ | Print Name: _____ |
| (2) President | Signature: _____ | Print Name: _____ |
| (3) Advisor*  | Signature: _____ | Print Name: _____ |
| (4) Advisor*  | Signature: _____ | Print Name: _____ |

**Please submit to:** Student Life and Leadership, College Center, Room 214 (Student Center)

**APPROVED:** \_\_\_\_\_  
Director of Student Life and Leadership

**DATE:** \_\_\_\_\_