



INDIANA UNIVERSITY
OFFICE OF STUDENT ORGANIZATION ACCOUNTS
Bloomington

STUDENT ORGANIZATION REQUEST FOR FINANCIAL ACCOUNT

Name of Organization:

Faculty/Staff Advisor's Name:

Academic Department/Administrative Unit of Advisor:

Phone:(_____)_____ E-mail:_____

We understand that in order to have a Student Organization Account (SOA):

- We must be in good standing with Indiana University.
- We must be a registered student organization with the Student Activities Office.
- We cannot have an outside bank account.
- We must deposit a minimum of \$50.00 in order to open an SOA account.
- We understand that our treasurer must attend an SOA treasurer training session.

Treasurer's Name:

Phone: (_____) _____ E-mail: _____

By signing below I confirm that this information is correct and current for this student organization.

Treasurer's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Office Use Only:

Rcvd:

Founded:

Approved: