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: