

MIDDLE GEORGIA STATE UNIVERSITY

Agency Account Agreement Form

Funds Held on Deposit

Club/Organization Name: _____

Account Name: _____

Source of Funds: _____
(Fundraisers, Donations, Dues, etc.)

Estimated Total Annual Receipts: \$ _____

Purpose of Account: _____
(Detail description of activities, programs or operations to be supported by this Agency Account.)

Account Restrictions (if any): _____
(Indicate any specific restrictions, terms or conditions for the use of deposited funds)

Account Conditions:

*Middle Georgia State University's relationship is that of a fiscal agent only. Please refer to the BOR Business Procedure Manual, section 14 for additional information, http://www.usg.edu/business_procedures_manual/section14

*All requests for disbursement of funds must be signed/approved by an Advisor AND either the Club/Org President or Treasurer. Purchasing Cards may not be used for any agency account activity (with the exception of Study Abroad). (BPM, sec. 14.4)

*All Clubs/Organizations are required to retain club minutes authorizing the use of funds as stated in the disbursement request.

*All institution policies and procedures must be adhered to as well as applicable US and State of Georgia laws. (BPM, sec. 14.4)

*Accounts with no activity for more than 12 months from the effective date are subject to cancellation and the remaining balance will be transferred to a general scholarship account.

*Accounts that do not maintain a positive balance are suspended until the balance is brought back to zero and could be subject to cancellation.

I agree to the above account conditions. Also, I am authorized to request disbursements from the above account, along with the below designees.

Faculty/Staff Advisor:

Printed Name *Signature* *Date*

Academic Department Name *eMail Address* *Campus Phone#*

Club/Organization President:

Printed Name *Signature* *MGA eMail Address* *Local Phone/Cell#*

Club/Organization Treasurer:

Printed Name *Signature* *MGA eMail Address* *Local Phone/Cell#*

Approved:	
VP Student Activities or Academic Affairs	Date
Accounting Services	Date
Agency Number:	_____
Effective Date:	_____