

# MOREHEAD STATE UNIVERSITY CLUB ACCOUNT AUTHORIZATION

CHECK ONE: Original Authorization \_\_\_\_\_  
Renewal Authorization \_\_\_\_\_

Club Name: \_\_\_\_\_ Date: \_\_\_\_\_

Campus Mailing Address: \_\_\_\_\_ Phone Number: ( ) - \_\_\_\_\_

Account Number: 50-00000000-240 \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

*We, the undersigned, acknowledge the receipt of and agree to abide by the policy and procedures used by Morehead State University in the management of this account.*

## SIGNATURES:

\_\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Club Sponsor                      Date                      Club President                      Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
E – Mail Address (Club Sponsor)

\_\_\_\_\_  
E – Mail Address (Club President)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Club Treasurer                      Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Student Affairs Sponsor

\_\_\_\_\_  
Printed Name

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Acct. & Bud. Control

\_\_\_\_\_  
E – Mail Address (Club Treasurer)

## ACCOUNT CLOSING:

Reason for Termination: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition of Funds: BALANCE: \$ \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Club Sponsor                      Date                      Club President                      Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
E – Mail Address (Club Sponsor)

\_\_\_\_\_  
E – Mail Address (Club President)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Club Treasurer                      Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Student Affairs Sponsor                      Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Acct. & Bud. Control                      Date

\_\_\_\_\_  
E – Mail Address (Club Treasurer)

Distribution of Copies:    One - Accounting & Budgetary Control    One - Student Services    One - Applicant