

SIGNATURE CARD Student Organization

NAME OF ORGANIZATION

Campus Mailing Address		
Account Number		
recognize the signatures e	iversity Institute of Technolog xecuted herewith as authoriza any business of student organ	tion for withdrawal
accepts no responsibility be correspondents may send the payer and accept its dr it may charge back any ite payment, whether returned	for deposit the school acts only beyond the exercise of due car items, directly or indirectly, to raft of credit as conditional pay em (returned check) at any time d or not; also any items drawn asiness on the day deposited.	re. This school or its of any bank including yment in lieu of cash; he before final
Treasurer Name – printed	Treasurer signature	Date
President Name – printed	President signature	Date
Advisor Name – printed	Advisor signature	Date
Co-Advisor Name – printed	Co-Advisor signature	Date
Department	Accounting	