

**TRUST ACCOUNT APPLICATION FORM**

Club/Organization Name: \_\_\_\_\_

Advisor: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Print/Type Name

\_\_\_\_\_  
Club Advisor Signature – must be full-time employee of Skyline College

\_\_\_\_\_  
Date

Financial Officer: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Print/Type Name

\_\_\_\_\_  
Financial Officer Signature

\_\_\_\_\_  
Date

President: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Print/Type Name

\_\_\_\_\_  
President Signature

\_\_\_\_\_  
Date

Purpose for establishing an account with the Associated Students of Skyline College:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY:**

Account approval date: \_\_\_\_\_ Account number: \_\_\_\_\_

\_\_\_\_\_  
Vice President of ASSC Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
ASSC Bookkeeper Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Life Manager

\_\_\_\_\_  
Date