



PRIVATE ACCOUNT Signature Authorization Form

Today's Date: _____

Organization Name: _____

The signatures that appear below are those of the two officers designated by the organization to withdraw funds. Either signature, plus the signature of the advisor (which appears at the bottom of this form), are necessary to transact a withdrawal. Any change in authorization should be reported to the University Activities Office immediately.

In the event the organization should cease to exist, and the organization and account should be inactive for a minimum of two years, we authorize the University of Wisconsin-Parkside to transfer all remaining assets to the Student Organizations Council (SOC) private account to ensure that funds may be used for UW-Parkside student organization activities instead of reverting to the state treasury as unclaimed property.

We understand that Student Organizations are *not* permitted to hold a secondary checking or savings account in the private sector.

We further authorize the Assistant Director of University Activities to transfer money from this private account to cover outstanding UW-Parkside invoices for legitimate organizational expenses.

Officer Title

Officer Title

Name (*please print*)

Name (*please print*)

Phone: _____

Phone: _____

Signature

Signature

Approved:

Faculty/Staff Advisor Signature: _____

Office: _____

Phone: _____