



Student Organization Withdrawal Authorization Form

For Student Organizations with an Agency Account (non-SFC funded only)

Please submit this form to your SALP Adviser at SMSU 119

Name of organization _____

Date _____

Address _____

Telephone number _____

Name _____ Signature _____

Address _____

Phone _____

Position _____

Name _____ Signature _____

Address _____

Phone _____

Position _____

Name _____ Signature _____

Address _____

Phone _____

Position _____

I certify that the above organization is a registered University group with the privilege of depositing funds in the institutional safekeeping account for student organizations. The officers indicated are correct.

Adviser's Signature

Director's Signature