

SIGNATURE CARD

Student Organization

NAME OF ORGANIZATION

**Campus Mailing
Address** _____

Account Number _____

Oklahoma State University Institute of Technology is authorized to recognize the signatures executed herewith as authorization for withdrawal of funds or transactions of any business of student organization listed.

In receiving items for deposit the school acts only as a custodian and accepts no responsibility beyond the exercise of due care. This school or its correspondents may send items, directly or indirectly, to any bank including the payer and accept its draft of credit as conditional payment in lieu of cash; it may charge back any item (returned check) at any time before final payment, whether returned or not; also any items drawn on the University not good at the close of business on the day deposited.

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
