

CHANGING AUTHORIZED SIGNERS

EXISTING STUDENT ORGANIZATION ACCOUNTS ONLY

WHAT YOU NEED:

1. A recognition letter from the Office of Campus Activities or the Office for Fraternity and Sorority Leadership Development that includes the name of your Faculty/Staff Advisor.
2. A letter from your Faculty/Staff Advisor on USC letterhead* authorizing and including the following:
 - Name of Student Organization (Not to include USC or University of Southern California)
 - Name(s) and Student ID #(s) of Authorized Signer(s)
 - Signature of Advisor

**USC letterhead may be electronic and include an e-signature.*
3. Completed Student Organization Account Application.
4. Completed Student Organization Account Agreement.
5. Completed Authorized Signer Application.
6. A clear, color copy of BOTH government issued ID and USC student ID for each authorized signer.



STUDENT ORGANIZATIONS

ACCOUNT GUIDELINES

The following guidelines must be strictly observed to establish and maintain a checking account with the USC Credit Union:

1. The student organization must be a recognized organization by the Office of Campus Activities or the Office for Fraternity and Sorority Leadership Development.
2. The student organization must obey all USC Credit Union policies.
3. All student organizations must open a savings account along with their checking account. This savings account must maintain a \$1.00 balance and all other funds must be kept in the checking account.
4. The Cardinal Checking (a non-interest bearing account) is the only account Student Organizations are permitted to use. Carefully read all the materials provided by the USC Credit Union, as the Student Organization is responsible for all fees associated with this account.
5. Debit cards will not be issued for any Student Organization.
6. Student Organization accounts must be signed up for electronic statements.
7. This account is restricted to only money the organization has generated (dues, fundraising events, etc.). No University funds are permitted in this account. University funds may be deposited in a separate account maintained by the Office of Campus Activities.
8. Organizations are responsible for submitting all tax information for independent contractors hired for the calendar year. 1099 forms are available from the Peer Leadership Consultants in the Office of Campus Activities.
9. The Director/Associate Director of the Office of Campus Activities or the Office for Fraternity and Sorority Leadership Development may review any student organization accounts upon request.

Campus Activities

Ronald Tutor Campus Center
Steven and Kathryn Sample Hall (SKS) 410
(213)740-5693
stuacts@usc.edu

**Fraternity and Sorority Leadership
Development**

Ronald Tutor Campus Center (TCC) 330
(213) 821-1639



STUDENT ORGANIZATIONS

ACCOUNT APPLICATION

Opening New Account

Updating Existing Account

Those signing on the following pages hereby make application in the USC Credit Union and agree to conform to its by-laws and any amendments thereof. Additionally, those signing on the following pages agree to be bound by the terms and conditions of the Credit Union's Account Agreement and any amendments thereto.

Organization Information:

Name: _____

EIN: _____

Date Founded: _____

Address: _____

Email: _____

Phone: _____

Faculty/Staff Advisor Information:

Name: _____

Email: _____

Phone: _____

USCCU Account Number: _____

Office Use Only	USCCU Staff	Date
Received		
Completed		



STUDENT ORGANIZATIONS

ACCOUNT AGREEMENT

Those signing below hereby make application in the USC Credit Union and agree to conform to its by-laws and any amendments thereof. Additionally, those signing below agree to be bound by the terms and conditions of the Credit Union's Account Agreement and any amendments thereto.

By signing below, I/We agree with USC Credit Union as follows:

1. You may pay out funds with any one of the signatures below. However, you may require all signatures if there are conflicts between us (or if requested by faculty advisor).
2. You may endorse checks for me/us, which you receive for deposit.
3. You may cash and deposit all checks payable to any signer of this account agreement when endorsed by any of us or one for the other.
4. You may accept the signature of any or all of us as valid pledge of all or any of the pledgeable shares in our account as collateral security to a loan or loans.
5. You may mail all statements to the current business address on record.
6. You are not responsible for items lost while not in your possession.
7. That all sums heretofore or hereafter paid on shares by any or all of us, including dividends thereon, are and shall be owned by the business, subject to withdrawal or receipt by any one of us. Any such payment or withdrawal shall be valid and shall discharge you from any liability. We shall notify you if the business should be terminated or dissolved, voluntarily or involuntarily.
8. You may amend, modify, add to, or delete from this agreement any of its terms and conditions by mailing the notice of the change to the current business address of record.
9. This account is not covered by life Savings Insurance.
10. That the right and authority of the Credit Union under this account agreement shall not be changed or terminated by any of us except by written notice to you which shall not affect transactions therefore made by any of us.
11. The Credit Union will treat all share drafts as though the share draft were written on the date presented.
12. The owner(s) to whom the periodic statement of account is sent agree(s) to exercise reasonable care and promptness to examine the statement to discover any errors or discrepancies, and to promptly notify the credit union after discovery thereof.
13. Non-cash payments deposited into an account may be credited subject to final payment.
14. Our accounts shall be subjected to service charges in accordance with fee schedules adopted by the Credit Union as amended from time to time.

Authorized Signers:

Name: _____

Signature: _____

Name: _____

Signature: _____

Name: _____

Signature: _____

Name: _____

Signature: _____

Name: _____

Signature: _____

Account Number: _____



STUDENT ORGANIZATIONS

Account Number: _____

Authorized Signer			
First Name	Middle Name/Initial	Last Name	
Residence Address (Street, City, State, Zip) NO P.O. BOXES			
Home Phone	Cell Phone	Mother's Maiden Name	
Date of Birth	Social Security Number	Gov't ID Type	ID Number
Primary Email		Alternate Email	
Employer	Occupation	Work Phone	

Authorized Signer			
First Name	Middle Name/Initial	Last Name	
Residence Address (Street, City, State, Zip) NO P.O. BOXES			
Home Phone	Cell Phone	Mother's Maiden Name	
Date of Birth	Social Security Number	Gov't ID Type	ID Number
Primary Email		Alternate Email	
Employer	Occupation	Work Phone	

Authorized Signer			
First Name	Middle Name/Initial	Last Name	
Residence Address (Street, City, State, Zip) NO P.O. BOXES			
Home Phone	Cell Phone	Mother's Maiden Name	
Date of Birth	Social Security Number	Gov't ID Type	ID Number
Primary Email		Alternate Email	
Employer	Occupation	Work Phone	

Please Read Carefully and Sign This Authorization

You are verifying – under penalty of perjury – that all statements and information contained herein are true and correct, that the Taxpayer Identification Number (TIN) is correct and that you are NOT subject to backup withholding because: (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding. You further certify that you are a U.S. person (including a U.S. Resident Alien), and that you are exempt from FATCA reporting. If you are not a U.S. person or U.S. Resident and do not have a U.S. TIN, you must complete Form W-8BEN and agree to renew the form every 3 years. You understand authorized signers and each person named may use the account individually. You also agree to the terms and conditions of the [Privacy Policy](#) and any amendments which may be made by the Credit Union. You agree that all owners of any account requested herein agree to the terms, conditions and covenants of the agreements applicable to each account as set forth in the Disclosure and Agreement. Your acceptance and/or use of any remote access services (such as ATM cards or Phone Assistance Line Services) shall certify your agreement to be bound by the agreements covering such services in the Credit Union's Disclosure and Agreement and Electronic Services Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Authorized Signer

Date

Authorized Signer

Date

Authorized Signer

Date

P.O. Box 512718
 Los Angeles, CA 90051-0718
 Phone (213)821-7100
 Fax (213)821-7151
 Email: usccu@usccreditunion.org
www.usccreditunion.org