

CHABOT COLLEGE
ASSOCIATED STUDENTS OF CHABOT COLLEGE

REQUEST TO OPEN COLLEGE ACCOUNT

NAME OF CLUB/ORGANIZATION: _____

PURPOSE OF ACCOUNT: _____

AUTHORIZED SIGNATURES (All Required):

Club/Organization
Advisor: _____ Date: _____

(Print Name/Phone Number)

Office
Of Student Life: _____ Date: _____

(Print Name)

Vice President of
Business Services: _____ Date: _____

(Print Name)

Note: When completed, submit to Chabot College Business Office, Room 206

BUSINESS OFFICE USE

ACCOUNT NUMBER: _____ DATE ESTABLISHED: _____

BY: _____

Distribution:

- White: District Business Office
- Yellow: College Business Office
- Pink: Student Life Office