



Chabot College  
Student Life Office  
**REQUEST TO OPEN COLLEGE ACCOUNT**  
(Please print clearly)

NAME OF CLUB/ORGANIZATION: \_\_\_\_\_

PURPOSE OF ACCOUNT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AUTHORIZED SIGNATURES (ALL REQUIRED):

CLUB/ORGANIZATION

PRESIDENT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DIRECTOR OF STUDENT LIFE: \_\_\_\_\_ DATE: \_\_\_\_\_

VP OF STUDENT SERVICES: \_\_\_\_\_ DATE: \_\_\_\_\_

VP OF ADMINISTRATIVE SERVICES: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS OFFICE USE

ACCOUNT NUMBER: \_\_\_\_\_ DATE ESTABLISHED: \_\_\_\_\_

BY: \_\_\_\_\_