



Controller's Office • Long Jones Hall • Rm 263

## Agency Account: Update/Acknowledgement Form

**Instructions:** Please type all required information. Once complete submit to the Controller's Office. This form should be submitted whenever there is a change in information and also at the start of each semester. Deadlines: Fall - Oct. 15th; Spring - Mar. 15th **Hand written forms will not be accepted.**

Date \_\_\_\_\_ Account Code : \_\_\_\_\_

Account Name \_\_\_\_\_

### Advisor Information

Name \_\_\_\_\_  
Last Name First Name

Department Name \_\_\_\_\_

GSU Address \_\_\_\_\_ Contact Number \_\_\_\_\_  
Box Number Campus Extension

### Organization Officer Information

Name of President \_\_\_\_\_ Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Name of Vice President \_\_\_\_\_ Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Name of Treasurer \_\_\_\_\_ Contact Number \_\_\_\_\_ Email \_\_\_\_\_