



**MONTANA STATE UNIVERSITY BILLINGS**  
**Account and Signature Authorization Change Form**  
**(For Student Organizations)**

*This form is to be used for signature and authority changes on existing  
 Indexes and to request a new index for student organizations only.*

**To be completed by the Student Life/ASMSUB Office:**

\_\_\_\_\_ **Request a New Index** (Please indicate type of Index)

Agency Account Index Number (Index begins with 601xxx)

Name of New Index requested: \_\_\_\_\_  
(Name should be limited to no more than 35 characters)

Student Fee Account Index Number (Index begins with 630xxx)

Name of New Index requested: \_\_\_\_\_  
(Name should be limited to no more than 35 characters)

\_\_\_\_\_ **Change Fund Controller** (Please indicate type of Index to change)

Agency Account Index Number (Index begins with 601xxx)

Index Number: \_\_\_\_\_ Index Name: \_\_\_\_\_

Student Fee Account Index Number (Index begins with 630xxx)

Index Number: \_\_\_\_\_ Index Name: \_\_\_\_\_

**To be completed by Fund Controller(s):**

Please approve the individuals listed below, of which at least one is an MSUB faculty or staff member, as duly authorized to sign documents for the above-name account. **By their signatures, the Fund Controllers acknowledge their responsibility to ensure that the index maintains a positive cash balance.**

Please state the number of signatures required on each document: \_\_\_\_\_.

**Advisor**

**Student**

\_\_\_\_\_  
 (Printed Name)                      Signature                      Date

\_\_\_\_\_  
 (Printed Name)                      Signature                      Date

\_\_\_\_\_  
 (Printed Name)                      Signature                      Date

\_\_\_\_\_  
 (Printed Name)                      Signature                      Date

\_\_\_\_\_  
 (Printed Name)                      Signature                      Date

\_\_\_\_\_  
 (Printed Name)                      Signature                      Date

**Required Signatures:**

\_\_\_\_\_  
 Director of Student Life                      Date

\_\_\_\_\_  
 Vice Chancellor of Student Affairs                      Date

**\*Please forward the completed form to the Financial Services Office McMullen Hall Room 309\***