

**ANDREWS UNIVERSITY – CLUBS
REQUEST TO CHARGE FEES**

Please complete and return to Elynda Bedney at Student Financial Services

CLUB INFORMATION

Club Name:	Account number to credit:
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CERTIFICATION: I certify that the information on this form is complete and accurate.

Advisor's Name:	Treasurer's Name:
Advisor's Signature:	Treasurer's Signature:
Date:	

TOTAL number of students to be charged:

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TOTAL amount to be credited to club account:

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COMMENTS

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CHARGES FOR CLUB DUES

CLUB NAME: _____

CLUB ACCOUNT # TO CREDIT: _____

My signature below indicates that I approve my student account be charged \$ _____

	Student's Name PRINT - Must be legible!	ID#	Student's Signature	Amount (if diff from above)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
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26				
27				
28				
29				
30				

CHARGES FOR CLUB DUES

CLUB NAME: _____

CLUB ACCOUNT # TO CREDIT: _____

My signature below indicates that I approve my student account be charged \$ _____

	Studen'ts Name P R I N T - Must be legible!	ID#	Student's Signature	Amount (if diff from above)
31				
32				
33				
34				
35				
36				
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60				

CHARGES FOR CLUB DUES

CLUB NAME: _____

CLUB ACCOUNT # TO CREDIT: _____

My signature below indicates that I approve my student account be charged \$ _____

	Student's Name <small>PRINT - Must be legible!</small>	ID#	Student's Signature	Amount <small>(if diff from above)</small>
61				
62				
63				
64				
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