

**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:
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CHARGES FOR CLUB DUES

CLUB NAME: _____

CLUB ACCOUNT # TO CREDIT: _____

Member's Name: _____

CHARGES FOR CLUB DUES

CLUB NAME: _____

CLUB ACCOUNT # TO CREDIT: _____

My signature below indicates that I agree my student account be charged.

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)
61				
62				
63				
64				
65				
66				
67				
68				
69				