



# The Graduate Student Society at Simon Fraser University

## Trust Account Deposit Form – Graduate Caucuses

### CAUCUS INFORMATION

Department/Caucus:

*(Full Name, No Acronyms)* \_\_\_\_\_

Position:     Caucus President    Vice President    Treasurer

Name:

*(First Last)* \_\_\_\_\_

Email: \_\_\_\_\_

Phone#: \_\_\_\_\_

### DEPOSIT INFORMATION

*Please allow 2 weeks (minimum) for deposits to be made to Trust Accounts.*

Amount:(numeric/written) \_\_\_\_\_

Deposit type:

Cash

Cheque     Money Order

*(please have cheque made out to "Graduate Student Society c/o [your caucus name]")*

Core Caucus Funding Transfer

Details:

*(a brief description of the deposited funds*

**or**

*attach minutes of meeting describing the deposit/transfer request – please **highlight** the relevant section)*

### AUTHORIZING SIGNATURE

*I hereby request that the Graduate Student Society deposit the above-detailed funds in a Trust Account on behalf of our Graduate Caucus. I understand that by depositing these funds to a Trust Account, certain limitations and regulations will apply to the funds and access to the funds.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(mm/dd/yy)*

### FOR OFFICE USE ONLY

Approved By

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

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

Amount: \_\_\_\_\_

Note: \_\_\_\_\_

Cash Denominations: \_\_\_\_\_

Cheque Number: \_\_\_\_\_

Cheque Date: \_\_\_\_\_

Deposited by: \_\_\_\_\_

Deposit Date: \_\_\_\_\_

Notes regarding payment: \_\_\_\_\_

### ATTACH A PHOTOCOPY OF THE CHEQUE TO THIS FORM

ORIGINAL – GSS Deposit Book

COPY #1 – Return to Caucus

COPY #2 – Caucus Records

This form has been created in compliance with the Personal Information Protection Act. Personal information will be used solely for cheque processing. By providing it, you give the Graduate Student Society at Simon Fraser University consent to use this information in this way only. This information will be kept confidential, and will not be sold or traded to any other organization. If you do not consent to this, please refrain from providing us with your information.