

# Chapter and Club Authorized Account Holder/Signer Signature Form

Chapter or Club Name: \_\_\_\_\_

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

Chapter President: \_\_\_\_\_

All individuals possessing account holder/signer privileges *must* complete the fields below.

Please note the following:

1. You *must* have a *minimum* of three (3) account holder/signers.
2. An account holder/signer does *not* have to be an officer of the Chapter or Club.
3. The Authorized Signature Form must be renewed/submitted on an annual basis.

### AUTHORIZED SIGNER #1:

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

*If individual is not a current officer, the information below must be completed:*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_  Cell  Home  Work

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

### AUTHORIZED SIGNER #2:

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

*If individual is not a current officer, the information below must be completed:*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_  Cell  Home  Work

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

### AUTHORIZED SIGNER #3:

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

*If individual is not a current officer, the information below must be completed:*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_  Cell  Home  Work

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

### AUTHORIZED SIGNER #4:

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

*If individual is not a current officer, the information below must be completed:*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_  Cell  Home  Work

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