

Chapter and Club Authorized Account Holder/Signer Signature Form

Chapter or Club Name: _____
Date Prepared: _____
Effective Date: New Authorized Signers are effective as of the new fiscal year, July 1.
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: _____