



BANK INFORMATION AND AUTHORIZED SIGNATORIES

(Return this form with every Financial Report - Use additional pages as necessary)

The Appointing Officer or Home Office Designee must be a signer on the account.

Date _____

GWRRA District _____ Chapter _____

Checking Account # _____ Federal EIN # _____ (USA Only)

Bank Name _____ Telephone (____) _____

Address _____

City _____ State _____ Zip _____

1. Name _____ GWRRA # _____ Officer Position _____
(Print)

Address _____ City _____

State _____ Zip _____ Telephone (____) _____

District Director or Chapter Director Signature _____

By my signature I certify that the following members are the only signatories on the bank account and that neither are related nor live in the same household as any other signatory.

2. Name _____ GWRRA # _____ Officer Position _____
(Print)

Address _____ City _____

State _____ Zip _____ Telephone (____) _____

3. Name _____ GWRRA # _____ Officer Position _____
(Print)

Address _____ City _____

State _____ Zip _____ Telephone (____) _____

4. If Chapter Account, enter "District Director" to the right ↘
If District Account, enter "Home Office Designee" _____

Name of the Dist Dir or Home Office Designee _____

Address _____ City _____

State _____ Zip _____ Telephone (____) _____