

# AUTHORIZED OFFICER FORM

DATE: \_\_\_\_\_

\_\_\_\_\_  
(NAME OF ORGANIZATION)

THESE ARE THE OFFICERS WHO WILL BE ALLOWED ACCESS TO OUR ACCOUNT INFORMATION. THEY WILL ALSO BOTH SIGN ANY REIMBURSEMENT REQUESTS AND BE ASKED TO APPROVE ANY PAYMENT OF FUNDS FROM THE ACCOUNT.

EFFECTIVE DATES FOR THESE OFFICERS:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

## THE NEW OFFICERS

NAME: \_\_\_\_\_  
PLEASE PRINT

NAME: \_\_\_\_\_  
PLEASE PRINT

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

NAME: \_\_\_\_\_  
PLEASE PRINT

SIGNATURE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

**PLEASE RETURN THIS SHEET TO ACCOUNTING  
THANKS**

OFFICE USE ONLY: ACCOUNT NUMBER: \_\_\_\_\_

UPDATED: \_\_\_\_\_