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: ___________________________ NAME: ___________________________

PLEASE PRINT

PLEASE PRINT

SIGNATURE: ___________________________ SIGNATURE: ___________________________

OFFICE: ___________________________

OFFICE: ___________________________

NAME: ___________________________

PLEASE PRINT

SIGNATURE: ___________________________

OFFICE: ___________________________

PLEASE RETURN THIS SHEET TO ACCOUNTING THANKS

OFFICE USE ONLY: ACCOUNT NUMBER: _______________ UPDATED: _______________

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