



## 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 ( \_\_\_\_ ) \_\_\_\_\_