

Team Bank Account Authorization Form

The Milton Minor Hockey Association is a non-profit organization. The people listed on the form below will be volunteering their time to manage an MMHA hockey team with the association for the \_\_\_\_\_\_\_\_ / \_\_\_\_ season which runs from May 1st, \_\_\_\_\_\_\_\_ to April 30th, \_\_\_\_\_\_\_\_. These are the only individuals authorized to have signing authority on this account for the time period indicated. Each team is authorized to only open one chequing account and must have a minimum of two to sign for any transaction. This form must be stamped by the bank as verification that the account has been activated.

Bank Information

Bank Name: Scotia Bank

Bank Address: Milton Main Branch 244 Main Street East, Milton, Ontario, Canada L9T 1N8

Team Information

Team Name: \_\_\_Choose an item.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(As it is to appear on the account)

Team Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Contact Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Account Signing Officers & Team Role (a minimum of two signing officers are required)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

if you require any further information, please contact the MMHA Treasurer at treasurer@miltonwinterhawks.com. This form is to be stamped by the bank as verification that the account has been successfully established. The original of this form, stamped and with the account number and date filled in below, must be returned immediately to the MMHA Office. A photocopy should be kept for team records. When the account is closed the team copy is to be returned to the MMHA Office marked “ACCOUNT CLOSED” along with the original of the final bank account statement.

Bank Verification Stamp

Bank Staff Use – Account Info

Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MMHA Office Representative

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_