Quapaw Area Council Boy Scouts of America

UNIT ACCOUNT AUTHORIZED FORM

Name of your Chartered Partner_____

Address _____**District**_____

City_____ **State**_____ **Zip Code**_____

Pack#_____ **Troop#**_____ **Crew#**_____ **Team#**_____ **Post#**_____

THE FOLLOWING ARE THE INDIVIDUALS AUTHORIZED TO PURCHASE FROM THIS ACCOUNT:

1. NAME_____
ADDRESS_____
CITY_____ STATE_____ZIP CODE_____
BUSINESS#_____EMAIL_____
PHONE#_____POSITION_____

2. NAME_____
ADDRESS_____
CITY_____ STATE_____ZIP CODE_____
PHONE#_____POSITION_____
BUSINESS#_____EMAIL_____

3. NAME_____
ADDRESS_____
CITY_____ STATE_____ZIP CODE_____
PHONE#_____POSITION_____
BUSINESS#_____EMAIL_____

Note: By signing this form, you are authorizing the Registrar at the Council Office to deposit funds and withdraw fund from your unit account for registration related fees.

One of the following positions must sign this authorization form.

_____ Institution Head
_____ Chartered Organization Representative
_____ Committee Chairperson

Signature: _____

Date: _____

- **PLEASE DELETE THE FOLLOWING FROM OUR UNIT ACCOUNT:**

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