

UNIT ACCOUNT AUTHORIZATION 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: _____