



CENTRE WELLINGTON
RIVERHAWKS

Bank Account Authorization Form

Date: _____

To Whom It May Concern:

I hereby authorize _____ to open a sports team bank account for the _____ Riverhawks team. _____ will be responsible for all of the deposits and withdrawals with secondary signer _____.

Both are representing members of the association.

Respectfully,

Nathan Joyes

President

CW Riverhawks

president@cwminorlacrosse.ca