AUTHORIZATION FOR STAFF-SIGNED ACCOUNT(S)

TO: Bank, Credit Union, Caisse Populaire or Trust Company NAME:			FROM:	
TELEPHONE:			TELEPHONE:	
ATTENTION MAI	NAGER			
personal funds. F support staff signa support staff are a below for the indivalso have access	Please accept atures for the authorized for vidual's prote- to the individ ons. Please ndividual. T	t this letter as form bank account(s) withdrawals and ction. As well, who ual's personal ide note that the fu he particulars are	ssistance with the managemal authorization for the under the individual's nation cheques issued out of the noted, the designate entification banking numinds accrued in these are as follows:	revocation/institution of ame. These designated of the account(s) noted ed support staff may ber and card for banking
ADDRESS:				<u>.</u>
Account #	Type of Account	Signee Access Banking Machine Card (Yes/No)	Name of Support Staff to be Revoked	Name of Support Staff to be Instituted
should any proble free to contact me	ems arise with a at the teleph documentatio	n the administration	ecords. Should you haven of the above-noted active. Please contact mestauthority to approve staff JRE: (Signature of Legal Automatics)	ccount(s), please feel should you require a signed account(s).
DATE:		LEGAL A	UTHORITY:(l egal Title- Substi	title Decision Maker for property

committee of the estate or power of attorney)

c. Administration Services, Main Branch of Banking Institution Support Staff Signee(s) Revoked and Instituted, as above Service Provider, if not same as Support Staff Signee(s)