



**Bank Verification Stamp**  
**Milton Minor Hockey Association**

Bank Account #: \_\_\_\_\_  
3-605 Santa Maria Blvd  
Milton, Ontario  
L9T6J5

Date Opened: \_\_\_\_\_  
Ph: 905-636-1118

[www.miltonwinterhawks.com](http://www.miltonwinterhawks.com)

*(This information will be provided by the bank when the account is setup)*

**TEAM BANK ACCOUNT AUTHORIZATION FORM**

(Please PRINT CLEARLY if completing the form manually)

Milton Minor Hockey Association is a non-profit organization. The people listed below will be volunteering their time to manage a MMHA hockey team with the association for the \_\_\_\_/\_\_\_\_ season from May 1, \_\_\_\_ to April 30, \_\_\_\_\_. These are the only individuals authorized to have signing authority on this bank 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: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
\_\_\_\_\_

**TEAM INFORMATION:** (REP or HL) \_\_\_\_\_ Division: \_\_\_\_\_

Team Name: \_\_\_\_\_  
*(As it is to appear on the account, please include division in the name)*

Team Coach Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Team Manager Email: \_\_\_\_\_

Team Treasurer Email: \_\_\_\_\_

**Bank Account Signing Officers and Team Role** *(a minimum of two to sign)*

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

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

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

**If you require further information, please contact the MMHA office at 905-636-1118.**

*The form should be stamped by the bank as verification that the account has been successfully established. Once the bank account has been setup at the bank, the original of this form with the bank account number must be immediately returned to the MMHA office. A photocopy should be made for team records. When the account is closed, the team copy should be returned to the MMHA offices marked "ACCOUNT CLOSED" along with the original of the final bank account statement.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Must be signed by MMHA Office Rep before taking to bank)*