



### Team Bank Account Authorization Form

The Milton Minor Hockey Association is a non-profit organization. The people listed on the form below will be volunteering their time to manage an MMHA hockey team with the association for the  /  season which runs from May 1st, to April 30th, . These are the only individuals authorized to have signing authority on this 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: Scotia Bank  
Bank Address: Milton Main Branch 244 Main Street East, Milton, Ontario, Canada L9T 1N8

#### Team Information

Team Name:  / Milton Jr. Menace   
[enter team name and division e.g. U16AA]  
Team Contact Name:  Phone:   
Team Contact Email:

#### Bank Account Signing Officers & Team Role (minimum of two signing officers are required)

Name:	<input type="text"/>	Role:	<input type="text"/>
Name:	<input type="text"/>	Role:	<input type="text"/>
Name:	<input type="text"/>	Role:	<input type="text"/>

If you require any further information, please contact the MMHA VP Finance at [vpfinance@miltonwinterhawks.com](mailto:vpfinance@miltonwinterhawks.com).

This form is to be stamped by the bank as verification that the account has been successfully established.

The original of this form, stamped and with the account number and date filled in below, must be returned immediately to the MMHA Office.

A photocopy should be kept for team records. When the account is closed the team copy is to be returned to the MMHA Office marked "ACCOUNT CLOSED" along with the original of the final bank account statement.

#### MMHA Office Representative

Name:   
Signature:   
Date:

#### Bank Staff Use - Account Info

Account #:   
Date:

#### Bank Verification Stamp