



North London Sports Association

PO Box 51021 Stoneybrook R.O.

1593 Adelaide Street

London, ON N5X 4P9

www.northlondonhockey.ca

TEAM BANK ACCOUNT AUTHORIZATION FORM

(Please PRINT CLEARLY if completing the form manually)

North London Sports Association is a non-profit organization. The people listed below will be volunteering their time to manage a NLSA hockey team with the association for the 2018/19 season from April 1, 2018 to March 30, 2019. 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.

BANK INFORMATION

Bank Name : _____

Bank Address : _____

TEAM INFORMATION (MD 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 NLSA President at president@northlondonhockey.ca.

Must be signed by NLSA President before taking to bank

Date: _____

President

North London Sports Association