



BANK INFORMATION AND STAFF SIGNATURES

(When completed, return to the Home Office, 21423 N 11th Ave., Phoenix, AZ 85027)

The appointing Officer must be a signer on the account.

Date _____

GWRRRA Region _____ District _____ Chapter _____

Checking Account # _____ Federal EIN # _____ (USA Only)

Bank Name _____ Telephone (____) _____

Address _____

City _____ District _____ Zip _____

1. Name _____ GWRRRA # _____ Staff Position _____

(Print)

Address _____ City _____

District _____ Zip _____ Telephone (____) _____

Print Name _____ Signature _____

2. Name _____ GWRRRA # _____ Staff Position _____

(Print)

Address _____ City _____

District _____ Zip _____ Telephone (____) _____

Print Name _____ Signature _____

3. Name _____ GWRRRA # _____ Staff Position _____

(Print)

Address _____ City _____

District _____ Zip _____ Telephone (____) _____

Print Name _____ Signature _____

4. District Director or Region Director _____ (REQUIRED)

(Print)

Address _____ City _____

District _____ Zip _____ Telephone (____) _____

Print Name _____ Signature _____