

UNIT ACCOUNT AUTHORIZATION FORM

Date: _____

Unit Type: Pack/Troop/Crew/Post

(Circle one)

Unit Number _____

Town _____

Committee Chairperson:

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Treasurer:

Name _____

Address _____

City, State, Zip _____

Phone Number _____

I give authorization for the following individuals to use the unit account:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Committee Chairpersons Signature: _____

8/12/2004