

UNIT ACCOUNT AUTHORIZATION FORM

National Unit # _____ Unit type (circle one): Pack Troop Team Crew Post

District # _____ Charter Renewal Date: _____

Chartered Organization: _____

We understand a Unit Account has been established for our unit at the Council Service Center. Funds deposited to this account can be used for payment at future dates.

We authorize the following individuals to make withdrawals from this account:

Authorized Individuals (Please Print)	Signature (optional)
1)	
2)	
3)	
4)	
5)	

Withdrawals may only be made by authorized individuals, up to the amount available. Authorizations are in effect until the expiration date of the current charter, or the receipt of a new authorization form signed by the Unit Leader and the Unit Committee Chairman.

Unit Committee Chairman Signature: _____

(Please Print)

Name: _____ Date: _____

Address: _____ Phone # _____

Unit Leader Signature: _____

(Please Print)

Name: _____ Date: _____

Address: _____ Phone # _____

Return to: Pony Express Council, BSA
1704 Buckingham
St Joseph, MO 64506

Phone: 816-233-1351
Fax: 816-279-9333