



**Appendix D  
REPORT OF BANK SIGNATORIES (Current Year)**

COMMITTEE / COUNCIL: \_\_\_\_\_

DATE OF AGM or Supplemental Meeting: \_\_\_\_\_

(in no particular order)

Position			
Name			
Email (not work)			
Phone (W)	(H)	(C)	
Signatory: Date Added	Date Removed		
Access to electronic banking	YES	NO	
Authority to approve E-transfer payments	YES	NO	

Position			
Name			
Email (not work)			
Phone (W)	(H)	(C)	
Signatory: Date Added	Date Removed		
Access to electronic banking	YES	NO	
Authority to approve E-transfer payments	YES	NO	

Position			
Name			
Email (not work)			
Phone (W)	(H)	(C)	
Signatory: Date Added	Date Removed		
Access to electronic banking	YES	NO	
Authority to approve E-transfer payments	YES	NO	

Position		
Name		
Email (not work)		
Phone (W)	(H)	(C)
Signatory: Date Added	Date Removed	
Access to electronic banking	YES	NO
Authority to approve E-transfer payments	YES	NO

Position		
Name		
Email (not work)		
Phone (W)	(H)	(C)
Signatory: Date Added	Date Removed	
Access to electronic banking	YES	NO
Authority to approve E-transfer payments	YES	NO

Position		
Name		
Email (not work)		
Phone (W)	(H)	(C)
Signatory: Date Added	Date Removed	
Access to electronic banking	YES	NO
Authority to approve E-transfer payments	YES	NO

**\*\* If a change occurs, Notify REVP & Regional Office within 30 days**