



**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

Position			
Name			
Email (not work)			
Phone (W)	(H)	(C)	
Signatory: Date Added			Date Removed

Position			
Name			
Email (not work)			
Phone (W)	(H)	(C)	
Signatory: Date Added			Date Removed

Position			
Name			
Email (not work)			
Phone (W)	(H)	(C)	
Signatory: Date Added			Date Removed

**** If a change occurs, Notify REVP & Regional Office ASAP**