Organization Change of Signature(s) Authorization Form

THIS AUTHORIZATION FORM MUST BE COMPLETED AND SIGNED BY THE PRESIDENT/COO IN OFFICE PRIOR TO THE CHANGE OF OFFICER(S).

1. The following name(s) should be deleted from the list of authorized signatures:

   DELETIONS -- PLEASE PRINT
   
   NAME: ______________________ TITLE: __________________
   NAME: ______________________ TITLE: __________________
   NAME: ______________________ TITLE: __________________
   NAME: ______________________ TITLE: __________________
   NAME: ______________________ TITLE: __________________

2. The following name(s) should be added to the list of authorized signatures:

   ADDITIONS -- PLEASE PRINT
   
   NAME: ______________________ TITLE: __________________
   NAME: ______________________ TITLE: __________________
   NAME: ______________________ TITLE: __________________
   NAME: ______________________ TITLE: __________________

3. I ____________________
   (Current Chief Organization Officer)
   of __________________________
   (Organization Name and Org. ID)

   hereby authorize this change in signature(s) submitted by my organization as of ____________.
   Date

   Signature: ____________________________ Date: ____/___/____

FOR BUSINESS OFFICE USE ONLY:

Accepted by: ____________________________ Date: ____/___/____