

Non-Profit Organization Remove Authorized Signer(s)

MEMBER ID	
ORGANIZATION NAME	Girl Scouts WNY Troop - - - - -
ACCOUNT NUMBER (S):	

I/We request that the **person(s) printed below be removed and deleted as authorized signers** on all share accounts associated with this organization. Removal of an authorized signer voids all rights to conduct transactions on the account. Person(s) no longer have authority to write checks, use plastic, or process transactions.

PREVIOUS SIGNER	PREVIOUS SIGNER
PREVIOUS SIGNER	PREVIOUS SIGNER
PREVIOUS SIGNER	PREVIOUS SIGNER

ORGANIZATION'S PRESIDENT NAME	ORGANIZATION'S TREASURER NAME JOYCE VOLINO
SIGNATURE	SIGNATURE
DATE	DATE

OR

If you are a current signer requesting to be removed, please complete and sign below:

CURRENT SIGNER NAME	SIGNATURE
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