

BANK INFORMATION & STAFF SIGNATURES FOR TRI OPERATIONS CHAPTERS

(Return to your appointing Leader who will send it to the International Director Of Operations)

Date_____

REGION_____District_____CHAPTER_____

CHECKING ACCOUNT #_____FEDERAL EIN#_____ (USA ONLY)

BANK NAME_____TELEPHONE ()_____

ADDRESS_____

CITY_____STATE_____ZIP_____

(1)NAME_____TRI #_____STAFF POSITION_____

ADDRESS_____CITY_____

STATE_____ZIP_____TELEPHONE ()_____

(2) NAME_____TRI #_____STAFF POSITION_____

ADDRESS_____CITY_____

STATE_____ZIP_____TELEPHONE ()_____

(3) NAME_____TRI #_____STAFF POSITION_____

ADDRESS_____CITY_____

STATE_____ZIP_____TELEPHONE ()_____

(4) NAME_____TRI #_____STAFF POSITION_____

ADDRESS_____CITY_____

STATE_____ZIP_____TELEPHONE ()_____

Financial Report comments & explanations:
