

DISTRICT SIGNATURE FORM



DISTRICT SIGNATURE FORM FOR WITHDRAWAL OF DISTRICT FUNDS FOR THE YEAR ENDING JUNE 30, 20____

District _____ hereby certifies that the individuals whose signatures appear below may, on JOINT signatures, withdraw funds from reserves held by Toastmasters International.

DISTRICT GOVERNOR	DATE
DISTRICT TREASURER	DATE

DISTRICT BANK ACCOUNT INFORMATION

Directions: The Toastmasters International Executive Committee must approve all signers on district accounts. The district governor, at least one lt. governor, and the district treasurer must be signers on all district accounts, including **division, area and district conference accounts**. Please list all district bank accounts on this form, including division, area and district conference accounts. For each account, include the bank name, address, account number, ABA/Swift codes and signers on the account. If the district has several accounts, additional accounts can be listed on a separate piece of paper and attached to this form. **For the Toastmasters International Executive Committee to consider approval of the signers below, copies of the bank signature documents on file at the bank need to be attached.**

Bank Information

Signers on Account

	PRINTED NAME	SIGNATURE	TITLE
1. _____	_____	_____	_____
ACCOUNT NUMBER			
ACCOUNT NAME (BENEFICIARY)			
BANK NAME			
BANK ADDRESS			
ABA /SWIFT CODE			
ACCOUNT TYPE			

Bank Information

Signers on Account

	PRINTED NAME	SIGNATURE	TITLE
2. _____	_____	_____	_____
ACCOUNT NUMBER			
ACCOUNT NAME (BENEFICIARY)			
BANK NAME			
BANK ADDRESS			
ABA /SWIFT CODE			
ACCOUNT TYPE			