



Date Received: _____ Voucher Number: _____ C.H.A. Number: _____ <small>For Office Use Only</small>
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SIGNING AUTHORITY REVISION

CHA # _____

Membership Name: _____

Please change the signing authority of the above membership to the following:

SIGNING AUTHORITY

Persons Authorized to Sign (*please print*):

Signature:

Please Check One: All signatures required _____ or Any of the above signatures is acceptable _____

Please have the **previous** signing authorities sign below, indicating that they are aware of the changes above and that they may no longer have signing authority for this account.

Previous Signing Authority(s) agreeing to the above change(s):

(Printed Name)

(Signature)

(Printed Name)

(Signature)

Date (dd/mm/yyyy): _____