

ВМО

Ph: 403-382-3238

 $606 - 4^{th}$ Ave. S. – Lethbridge, AB

ULSU/BMO CENTRALIZED BANKING FORM FOR CLUBS, FRATERNITIES & SORORITIES

Official Club, Fraternity or Sorority Title:			Date:	
Previous Club, Frater	nity or Sorority Signing	Authority		
Name	Position	Phone	Email	I.D. Number
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Current Club, Fraterr	nity or Sorority Signing A	uthority		
Name	Position	Phone	Email	I.D. Number
of Lethbridge Studen that the primary pur	nts' Union (ULSU) as havi pose of this is for the UL reezing funds or termina	ing background signing a SU to have viewing abil	authority on our acco ity of our club, Frateri	nity or Sorority account,
Signature of Club, Fraternity or Sorority President:			Date:	
having a financial acc	k of Montreal (BMO), I h count, in good standing, e signing authorities on t	with BMO. I also acknow		o, Fraternity or Sorority as tioned individuals as
Name of BMO Representative:			Signature:	
Data				
Date:				