

# **2011-2012 BANKING/INSURANCE REGISTRATION FORM**

**ZONE/DC ASSOCIATION:** \_\_\_\_\_

**WE CONFIRM THAT NO TWO SIGNING OFFICERS ARE MEMBERS OF ONE FAMILY.**

**PRESIDENT'S SIGNATURE:** \_\_\_\_\_

**TREASURER'S SIGNATURE:** \_\_\_\_\_

**Please neatly print or type the information requested below.**

**(Note: Even if you file this report electronically, a hard copy must be filed with the office showing original signatures  
IN ORDER TO COMPLY WITH INSURANCE GUIDELINES)**

**ACCOUNT NAME:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_ **BANK TRANSIT & ROUTING #** \_\_\_\_\_

**NAME OF BANK:** \_\_\_\_\_ **MANAGER'S NAME:** \_\_\_\_\_

**BRANCH STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**SIGNING OFFICERS:** \_\_\_\_\_

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**ACCOUNT NUMBER:** \_\_\_\_\_ **BANK TRANSIT & ROUTING #** \_\_\_\_\_

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**CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**SIGNING OFFICERS:** \_\_\_\_\_

**PLEASE NEATLY PRINT OR TYPE THE INFORMATION REQUESTED BELOW**

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BRANCH STREET ADDRESS: \_\_\_\_\_

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SIGNING OFFICERS: \_\_\_\_\_

\_\_\_\_\_

***DEADLINE DATE FOR SUBMISSION – FRIDAY, OCTOBER 14, 2011***