

# **2009-2010 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:** \_\_\_\_\_

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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:** \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_

***DEADLINE DATE FOR SUBMISSION – FRIDAY, OCTOBER 16, 2009***