



FOR OFFICE USE ONLY		
Unit Banking User ID:		
IMIS Verification:		
Deposit Slips Required:	YES	NO

## CHANGE IN UNIT BANKING INFORMATION

1. CURRENT INFORMATION				
UNIT NAME			UNIT iMIS NO.	COMMUNITY NO.
Select all applicable:	<input type="checkbox"/> CANCEL PURCHASE CARD (**Destroy and discard the purchase card**)		LAST 4 DIGITS OF CARD NO:	
	<input type="checkbox"/> CANCEL AS TREASURER (**Give remaining unused deposit slips to new Treasurer or Contact Guider**)			
CANCELLED CARDHOLDER NAME		iMIS NO.	CANCELLED TREASURER NAME	
_____		_____	_____	
Cardholder's Signature		Date	Treasurer's Signature	
_____		_____	_____	
2. NEW INFORMATION				
A. Requesting a New VISA Purchase Card				
NEW CARDHOLDER NAME			iMIS NO.	
_____			_____	
STREET NO.	STREET		UNIT/SUITE/APT	
_____	_____		_____	
CITY	PROVINCE	POSTAL CODE	PO BOX OR ROUTE NO.	
_____	_____	_____	_____	
DAYTIME PHONE NUMBER		E-MAIL ADDRESS		
_____		_____		
I understand that the VISA Purchase Card is to be used only for Guiding expenses in relation to the above stated unit. I also understand that I am the only person authorized to use the card. I further agree to immediately notify US Bank Canada and Girl Guides of Canada Unit Banking Coordinator in the event that my card is lost or stolen.				
_____		_____		_____
Print Name		New Cardholder's Signature		Date
B. Changing Unit Treasurers				
NEW TREASURER NAME			iMIS NO.	
_____			_____	
STREET NO.	STREET		UNIT/SUITE/APT	
_____	_____		_____	
CITY	PROVINCE	POSTAL CODE	PO BOX OR ROUTE NO.	
_____	_____	_____	_____	
DAYTIME PHONE NUMBER		E-MAIL ADDRESS		
_____		_____		
I understand that I am responsible for monitoring the Unit Banking website and for submitting unit expense receipts to my Unit Administrator. I further understand that all Girl Guides of Canada revenue collected for the above stated unit must be deposited into the unit account using the provided RBC Royal Bank Deposit Slips.				
_____		_____		_____
Print Name		New Unit Treasurer's Signature		Date
3. CONTACT GUIDER CERTIFICATION				
As the Contact Guider for the above stated unit, I certify that the person(s) stated above should hold the purchase card and/or act as the Unit Treasurer for the above stated unit.				
_____		_____		_____
Print Name		Contact Guider's Signature		Date
4. SUBMIT COMPLETED FORM TO THE UNIT ADMINISTRATOR FOR YOUR COMMUNITY				
TREFOIL GUILDS – SUBMIT COMPLETED FORM TO UNIT ADMINISTRATOR FOR COMMUNITY 7				