FOR OFFCIE USE ONLY				
Unit Baniking User ID:				
IMIS Verification:				
Start -Up fund Approval:				
Treasurer Orientation:				



## CENTRALIZED BANKING AUTHORIZATIONS FORM

	CENTRALIZED BANKIN	GA	UTHORIZATIO	JN3 FUKM	
	New or re-Opening of Unit Account (complete all sections except B)		New or Change in Treasurer/Purchase Card Holder (complete section A then B, C, D where applicable		
Finance Information including purchase cards and deposit slips are mailed to the mailing address in Imis. All treasurer e-mail and password resets are e-mailed to the e-mail listed in iMIS. Please ensure that your iMIS profile is current and accurate.					
A. UNI	T INFORMATION				
UNIT N	JAME:	CON	MMUNITY #:	UNIT IMIS #:	
B. CAN	ICEL EXISTING CARDHOLDER(S) AND/OR T	REASL	IRER		
B.1	CANCEL as Purchase Card Holder 1 estroy the Purchase Card)	EFFE	ECTIVE DATE:	IMIS #:	
•	LLED CARDHOLDER 1:				
	Please Print)				
B.2	CANCEL as Purchase Card Holder 2	EFFE	ECTIVE DATE:	IMIS #:	
	estroy the Purchase Card)				
	LLED CARDHOLDER 2:				
NAME (	Please Print)			T	
B.3	CANCEL as Treasurer	EFFE	ECTIVE DATE:	IMIS #:	
(Give any	remaining depsit slips to the new Treasurer)				
	LLED TREASURER:				
	Please Print)				
C. NEV	V VISA PURCHASE CARD HOLDER(S)				
THE VISA PURCHASE CARD HOLDER MUST BE A REGISTERED MEMBER OF GIRL GUIDES OF CANADA - CUIDES DU CANADA. TWO VISA PURCHASE CARDS MAY BE ISSED PER UNIT (ADDITION FEES APPLY).					
person a	and that the VISA Purchase Card is to be used only for Guiding uthoized to use the card and that I cannot share the PIN. I furth Card Administrator in the event that my card is lost or stolen	ner agree		-	
C.1 CARDHOLDER 1:			IMIS #:		
NAME (Please print) SIGNATURE:				DATE	
SIGNA	TURE:			DATE:	
C.1 CARDHOLDER 2 (Additional fees apply if a second card is requested):  NAME (Please print)				IMIS #:	
SIGNATURE:			DATE:		
D NEV	V UNIT TREASURER				
I underst appropria Unit acco	and that I am responsible for monitoring the Unit Banking acc ate Unit Banking Clerk on a monthly basis. I further understand ount using the provided RBC Deposit Slips, and cannot be use there is no RBC branch near where you live or work, please cor	d that all ed as 'peti	money collected for the above ty cash'.	stated Unit must be deposited into the	
	REASURER:			IMIS #:	
NAME (	Please Print)				
SIGNAT	TURE:			DATE:	
NOTE: Please ask the previous Unit Treasurer for all remaing deposit slips. If this is not possible, check here to have a new supply sent to you.			YES, I need deposit slips		
SUBMIT COMPLETED FORM TO THE UNIT BANKING CLERK FOR YOUR COMMUNITY					

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