#### **Ponoka Minor Hockey Association Team Treasurer Responsibilities**

- 1. As soon as a team treasurer and a team assistant treasurer are appointed, they should be reaching out to the PMHA treasurer and providing contact information (email, phone number, etc.)
- 2. Team treasurers are required to obtain a signed copy of the banking resolution document signed by the team's manager and team's parent captain appointing them as authorized representatives on the team account. This document shall then be forwarded to the PMHA treasurer to have the team account setup at the bank.
- 3. Team treasurers shall familiarize themselves with all PMHA policies and procedures. These can all be found on the PMHA website.
- 4. Team treasurers are responsible for issuing receipts for all funds deposited to the team account. A duplicate copy receipt book should be maintained and these can be purchased at any office stationary store or obtained at the bank. Keep receipts and turn in at end of the year to PMHA Treasurer.
- 5. Team treasurers are responsible for providing regular accounting reports to the team parent group throughout the season, and a final accounting report for the entire season shall be prepared and presented to the parent group for their approval at the end of the season. A copy of this report together with all banking records (including unused cheques, deposit books, etc.) shall be provided to the PMHA treasurer no later than May 30th of each year (a sample format of this report is part of the PMHA Policy and Procedures). Note: the PMHA treasurer can ask to see your accounting reports at any time throughout the season and these need to be made available.
- 6. Team treasurers must notify the Association's executive in advance of any proposed fundraising events and provide the purpose for which the funds are being raised for final approval by the executive. (Please use the Fundraising Approval Form enclosed) This can be done through the PMHA Treasurer via email. Please note the executive meets on the first Wednesday of each month so submissions should be made well in advance of the proposed fundraising event for timely approval by the executive. Failure to comply with this rule can result in forfeiture of funds raised and denial of future fundraising activities as per PMHA policy.
- 7. Teams requesting lottery license applications from the AGLC to run raffle events must go through the PMHA Fundraiser Rep to obtain a license. Teams are expected to comply with all AGLC rules including completing the final accounting submission to AGLC that is required after the completion of the raffle event. This should be done immediately after the event and sent to the PMHA Fundraiser Rep. Note: it is very important that these final reports be submitted to AGLC immediately after the fundraising event or the Association's ability to obtain raffle licenses on a future basis will be jeopardized.

On behalf of the Ponoka Minor Hockey association, thank you for your effort and dedication towards this important job.

Regards, PMHA Treasurer <u>pmhatreasurer2019@gmail.com</u>

## **Ponoka Minor Hockey Association**

## **Ponoka Minor Hockey Association Team Banking Resolution**

| The parents of the             | team have held a meeting on   |
|--------------------------------|---|
| the                            | (date of the meeting) and have appointed the following individuals to act |
| as bank representative for th  | ne team account maintained at the Servus Credit Union, Ponoka, and are    |
| hereby authorized to make a    | Ill bank deposits and sign cheques on the team account for the 2025/2026  |
| season. This authority shall r | emain in place until May 30, 2026   |
|                                |   |
|                                |   |
| The following individuals have | ve been appointed as banking representative for the                       |
|                                | team account maintained at the Servus Credit Union, Ponoka.               |
|                                |   |
|                                |   |
|                                | (Name of Team Treasurer)  |
|                                |   |
|                                | (Farani) adduces of Tanana Tananana)                                      |
|                                | (Email address of Team Treasurer)   |
|                                |   |
|                                | (Name of Assistant Team Treasurer)  |
|                                |   |
|                                |   |
|                                | (Email address of Assistant Team Treasurer)                               |
|                                |   |
|                                |   |
| Signed on behalf of the        | team  |
|                                |   |
|                                | (Toom Manager)  |
|                                | (Team Manager)  |
|                                |   |
|                                | (Parent Captain)  |

Note: This form is to be provided to the Ponoka Minor Hockey Association (PMHA) Treasurer, who will then proceed to get the changes made on the accounts.



## **Non-Member Verification Form**

| First name:  |
|--|
| Middle Name: Click or tap here to enter text.  |
| Last Name: Click or tap here to enter text.  |
| Date of birth: Click or tap here to enter text.  |
| U.S Citizen: Yes $\square$ or No $\square$   |
| (if yes please include SSN) Click or tap here to enter text.                           |
| Foreign Citizen: Yes $\square$ or No $\square$   |
| (if yes please input Place and TIN# if applicable) Click or tap here to enter text.    |
| Physical Address: Click or tap here to enter text.                                     |
| Mailing Address (if different from Physical Address): Click or tap here to enter text. |
| Email Address: Click or tap here to enter text.  |
| Cell Phone: Click or tap here to enter text.   |
| Occupation: Click or tap here to enter text.   |

Email the completed form, two pieces of identification (one being Government issued photo ID) and your meeting minutes in one email to <a href="mailto:pmhatreasurer2019@gmail.com">pmhatreasurer2019@gmail.com</a>

# Change of Signing Authority on Accounts

#### **Account Information:**

Effective Date of Change: Click or tap to enter a date.

Primary Association Name (if applicable): Ponoka Minor Hockey Association

Existing Team Name: Click or tap here to enter text.

New Team Name (if applicable): Click or tap here to enter text.

Membership Number: Click or tap here to enter text.

### Signors to be Added/Removed

| Legal Name (first, middle, last) | Title in Organization            | Add/Remove      |
|----------------------------------|----------------------------------|-----------------|
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. |

### Signing Authorities (after changes)

| Legal Name (first, middle, last) | Title in Organization            | Online Banking Access (Full or View Only) |  |
|----------------------------------|----------------------------------|---|--|
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item.                           |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item.                           |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item.                           |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item.                           |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item.                           |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item.                           |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item.                           |  |

Full List of

| All accounts held under this membership will require the signature of ( $\Box$ 1 or $\boxtimes$ 2 ) authorized signers. |  |        |   |  |  |  |
|---|--|--------|---|--|--|--|
| Acknow  | vledgement:  |        |   |  |  |  |
|   | eby certify that the information provided tion until a written notice is provided of |        | and complete and that Servus can use this ages to the organization. |  |  |  |
| Signature of Authorized Officer   |  | Signat | ure of Authorized Officer   |  |  |  |
| Name:   | Click or tap here to enter text.   | Name:  | Click or tap here to enter text.                                    |  |  |  |
| Title:  | Click or tap here to enter text.   | Title: | Click or tap here to enter text.                                    |  |  |  |
|   |  |        |   |  |  |  |
|   |  |        |   |  |  |  |

Please ensure you have completed the attached profile verification form for <u>each new signer</u> being added to the account.

Please send <u>all</u> completed forms to <u>pmhatreasurer2019@gmail.com</u> in one email.

Documents will be sent via DocuSign within 5-7 days.

## Checklist:

- Completed Change of Signing Authority on Accounts Form
- Completed Profile Verification Form for each new signor including copies of 2 pieces of ID