

Ponoka Minor Hockey Association

The Ponoka Minor Hockey Association

Date

TO: Servus Credit Union

RE: Signing authority change

Team Name

Account Number#

Please accept this Letter of Direction to complete the new account opening/signing authority change for the following Team account under the Ponoka Minor Hockey Association:

Please open account under the name/change signing authorities: **Team name**

Add new team signors

Team Signor #1 (Treasurer)

Team Signor #2 (Assistant Treasurer)

Signing authority to be any two as follows:

Ponoka Minor Hockey Association – Administrator

Team Signor #1

Team Signor #2

View only online banking access shall be granted to: **(insert signors who will be granted access)**

Michelle Lentz
PMHA – Secretary/ Acting-Treasurer

Michael Wildeboer
PMHA – President

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 the team account maintained at the Servus Credit Union, Ponoka, and are hereby authorized to make all bank deposits and sign cheques on the team account for the 2024/2025 season. This authority shall remain in place until May 31, 2025

The following individuals have been appointed as banking representative for the _____ team account maintained at the Servus Credit Union, Ponoka.

_____ (Name of Team Treasurer)

_____ (Email address of Team Treasurer)

_____ (Name of Assistant Team Treasurer)

_____ (Email address of Assistant Team Treasurer)

Signed on behalf of the _____ team

_____ (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: Click or tap here to enter text.

Middle Name: Click or tap here to enter text.

Last Name: Click or tap here to enter text.

Physical Address: Click or tap here to enter text.

Date of birth: Click or tap here to enter text.

U.S Citizen: Yes or No

(if yes please include SSN) Click or tap here to enter text.

Foreign Citizen: Yes or No

(if yes please input Place and TIN# if applicable) Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Occupation: Click or tap here to enter text.

Mailing Address if different from Physical Address: Click or tap here to enter text.

Cell Phone: 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 membershiprequests@servus.ca

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.
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 treasurer's package**). **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
pmhatreasurer2019@gmail.com

Final Fundraising Accounting Form

_____ **Team (Name)**

Fund Raising Revenues

Description of fund raising activities:

\$\$\$\$\$

_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____

Total funds raised: \$=====

Expenditures

Description of Expenditures:

_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	\$=====

Net funds remaining in the bank account May 31st \$=====

(Funds remaining in the account at May 31st will be transferred to the PMHA general account)

This report has been reviewed by the team parent group

Signed _____ (Team Manager)

Signed _____ (Team Treasurer)

Please provide a complete copy of this form to the PMHA treasurer by May 31

