

Date

| Name of Bank | |
|-----------------------|--|
| Bank Address (line 1) | |
| Bank Address (line 2) | |

Dear Sir/Madam,

| This letter is to confirm that Manager Name | is the Team Man | ager of the West Ottawa |
|--|--------------------|----------------------------|
| Ringette Association Team Name | team. | |
| This letter is authorization for Manager Name | to open a com | imunity bank account under |
| the name of " Team Name To Be Shown On Account | | n |
| with Manager Name | and Treasurer Name | as co-signers. |

Two signatures will be required for transactions on this account.

If you have any questions, please do not hesitate to contact me by email at: administration@westottawaringette.com

Thank you.

Anne Sullivan
Director of Administration
West Ottawa Ringette Association

#413-300 Earl Grey Drive Kanata, ON K2T 1C1