



# District Signature Form

## District signature form for withdrawal of District funds for the year ending June 30, \_\_\_\_\_

District \_\_\_\_\_ hereby certifies that the individuals whose signatures appear below may, on JOINT signatures, withdraw funds from reserves held by Toastmasters International. Further, the undersigned confirm they have no conflicts of interest, as per Policy 8.4: District Fiscal Management of the governing documents of Toastmasters International.

District Director: \_\_\_\_\_ Date: \_\_\_\_\_

District Finance Manager: \_\_\_\_\_ Date: \_\_\_\_\_

## District Bank Account Information

Directions: The Toastmasters International Executive Committee must approve all signers on District accounts. The District Director, either the Program Quality Director or Club Growth Director, and the District Finance Manager must be signers on all District accounts, including Division, Area, and District conference accounts. Please list all District bank accounts on this form, including Division, Area, and District conference accounts. For each account, include the bank name, address, account number, ABA/Swift codes and signers on the account. If the District has several accounts, additional accounts can be listed on a separate piece of paper and attached to this form. For the Toastmasters International Executive Committee to consider approval of the signers below, copies of the bank signature documents on file at the bank need to be attached. All account signatories, by signing below, confirm they have no conflicts of interest, as per Policy 8.4 of the governing documents of Toastmasters International.

## Bank Information

### Account 1

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ ABA/Swift Code: \_\_\_\_\_

Account Name (Beneficiary): \_\_\_\_\_

Account Type:      Checking      Savings      Other: \_\_\_\_\_

### Signers on Account 1

Printed Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Account 2**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ ABA/Swift Code: \_\_\_\_\_

Account Name (Beneficiary): \_\_\_\_\_

Account Type:      Checking      Savings      Other: \_\_\_\_\_

**Signers on Account 2**

Printed Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mail this completed form to: Toastmasters International, Attn: District Finance, 9127 S Jamaica St. Suite 400, Englewood, CO 80112 USA, or email to **[districtfinancialquestions@toastmasters.org](mailto:districtfinancialquestions@toastmasters.org)**, or Fax to +1 303-799-4113.