



# Windsor Minor Hockey Association

H O M E O F T H E J U N I O R S P I T F I R E S

ANY TEAM OR AN AFFILIATED GROUP MAINTAINING A BANK  
ACCOUNT IS REQUIRED TO COMPLETE THIS FORM

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Name of Team or Group

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Bank Name and Branch

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Account Number

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Name and Telephone Numbers of Signing Officers

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Purpose of Bank Account

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WMHA Authorization: \_\_\_\_\_  
(Chairman or Treasurer)

<p>The above-mentioned team is to provide any information regarding the Bank Accounts and any transactions to the Board of Directors of the Windsor Minor Hockey Association upon request.</p>
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