

## IOTT SCOUT SHOP SIGNATURE AUTHORIZATION FOR UNITS

Please be advised that the following list of names are authorized to use the unit account

For: \_\_\_\_\_ District: \_\_\_\_\_ Date: \_\_\_\_\_  
(Unit Type and Number)

**The maximum allowed signatures for unit accounts is six (6).  
(Adults must be registered.)**

\_\_\_\_\_  
(please print)

\_\_\_\_\_  
(please print)

\_\_\_\_\_  
(please print)

\_\_\_\_\_  
(please print)

\_\_\_\_\_  
(please print)

\_\_\_\_\_  
(please print)

**Two signatures are required to restrict the account.**

Authorization will be processed with the following signatures from the unit committee.

\_\_\_\_\_  
(Committee Chairman)

\_\_\_\_\_  
(Member of Committee)

The above signature authorizations will stay in effect until a change is submitted.

Please update this form anytime there is a change in leadership.

If you have any questions, please call 419-843-0113

PERSON TURNING IN FORM: \_\_\_\_\_

<i>Scout Shop Only:</i> Date Updated: _____ By: _____
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