

AUTHORIZATION FOR CO-SIGNED ACCOUNT(S)

TO: Bank, Credit Union, Caisse Populaire or Trust Company

FROM: _____.

NAME: _____

NAME: _____.

ADDRESS: _____

ADDRESS: _____.

TELEPHONE: _____

TELEPHONE: _____.

ATTENTION MANAGER

The individual identified below requires some assistance with the management of his/her personal funds. Please accept this letter as formal authorization for the revocation/institution of co-signatures for the bank account(s) under the individual's name. These co-signatures are authorized for withdrawals and/or cheques issued out of the account(s) noted below for the individual's protection. As well, where noted, the co-signee may also have access to the individual's personal identification banking number and card for banking machine transactions. **Please note that the funds accrued in these account(s) are the sole property of the individual.** The particulars are as follows:

INDIVIDUAL'S NAME: _____.

ADDRESS: _____.

Account #	Type of Account	Co-Signee Access Banking Machine Card (Yes/No)	Name of Co-Signee(s) to be Revoked	Name of Co-Signee(s) to be Instituted

Please file this letter with the individual's bank records. Should you have any questions or should any problems arise with the administration of the above-noted account(s), please feel free to contact me at the telephone number above. Please contact me should you require a copy of the legal documentation to support my authority to approve co-signed account(s).

AUTHORIZED BY:

SIGNATURE:

(Signature of Legal Authority)

DATE: _____

LEGAL AUTHORITY: _____

(Legal Title- Substitute Decision Maker for property, committee of the estate or power of attorney)

- c. Administration Services, Main Branch of Banking Institution
Co-Signee(s) Revoked and Instituted, as above
Service Provider, if not same as Co-Signee(s)