

Western Los Angeles County Council UNIT ACCOUNT AUTHORIZATION CARD

Unit	t # Pack □, Troop □, Crew □	or Ship 🗆 District:	Date:	
(Please check one)		one)		
Stat	tement Mailing Address:			
Prin	t Name / Title:			
Add	ress:			
City	:	State:	Zip code:	
Home Phone #:		Business Phone #:	Business Phone #:	
The mer Cou	roval: (Must be approved by the case signers listed on the back side of the case of the side of the case of the side of the si	his card are authorized d as well as charge for re s programs.		
Print Name:		Signature:	Signature:	
Con	nmittee Chair:			
Print Name:		Signature:	Signature:	
Aut	horize to Sign on Account			
1.	Signature: Print Name:		#:	
2.	Signature: Print Name:		#:	
3.	Signature: Print Name:		#:	