LETTER OF AUTHORIZATION – TEAM BANK ACCOUNT

Date: _____

To: Bank of Montreal (BMO) – 6371 Quinpool Road
Re: Authorization to Open and Operate a Team Bank Account

To Whom It May Concern,

On behalf of the Halifax Hawks Minor Hockey Association, we hereby authorize the following two individuals to open and operate a bank account with the Bank of Montreal (BMO) on behalf of the team identified below for the 2026–2027 hockey season.

Team Name: _____

Authorized Signing Officers:

Signing Officer #1
Full Name: _____
Position/Role: _____
Signature: _____

Signing Officer #2
Full Name: _____
Position/Role: _____
Signature: _____

The above-named individuals are authorized to complete all necessary documentation, provide identification, and carry out banking transactions related to the team's financial activities.
This account is intended solely for the management of team funds and expenses associated with the Halifax Hawks Minor Hockey Association.
Should you require any additional information or verification, please contact the Association.

Sincerely,

Authorized Association Representative
Halifax Hawks Minor Hockey Association

Title: Operations Manager
Signature: Beth Boyce
Date: September and October 2026