

Coastal Bend Area of Narcotics Anonymous (CBANA): Area Service Committee Signatures

Change of signature(s) on CBANA bank account(s) release

Date: _____

Please make the following changes to the provided CBANA account. This form is used for clarification to prevent unauthorized individuals from accessing the accounts. This form shall be used each time a selected trusted servant is voted into an area position which has the authority to co-sign on any CBANA account.

CBANA Account

Please remove all individuals not named on this form from the account listed on the general CBANA account. The individuals below have been selected and voted to sign for this account. Please contact any trusted servant on this section of the form to verify authenticity to sign on the account.

Facilitator Signature

Co-Facilitator Signature

Treasurer Signature

Facilitator Printed Name per TDL

Co-Facilitator Printed Name per TDL

Treasurer Printed Name per TDL

Phone Number

RCM-1 Signature

RCM-2 Signature

RCM-1 Printed Name per TDL

RCM-2 Printed Name per TDL

Contact Telephone

Contact Telephone

Date

Date

All information listed above shall be verified by the trusted secretary over the Coastal Bend of Narcotics Anonymous.

CBANA Secretary Signature

Secretary Printed Name

Contact Telephone

Date