

## **CROSS COUNTRY BC**

Authorization form to act on your behalf.

Name:	
Address(full):	
Phone:	
Email:	

## Authorized Personnel:

Name:	
Address (full):	
Phone:	
Email:	

Authorization valid until:	
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I, the undersigned, give the named Authorized Personnel the authority to act on my behalf with the following stated organization (include full address):		
Organization:		
Address (full):		

Name: (Printed)

Signature

Date:

Witness Name: (Printed)

Signature

Date: \_\_\_\_\_

106 – 3003 – 30<sup>th</sup> Street <sup>·</sup> Vernon, BC <sup>·</sup> V1T 9J5 <sup>·</sup> Phone: 250-545-9600 E-mail: office@crosscountrybc.ca <sup>·</sup> Website: <u>www.crosscountrybc.ca</u>

