



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:	
----------------------------	--

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: _____