



Vernon Teachers' Association School District No.22 Vernon



PD LSA-2

Date:

LOCAL SPECIALISTS' ASSOCIATION Bank Account Authorities

For _____ to _____ School Year

This Form must be sent to the District Pro D Chairperson Along with the Operational Grant Request Form.

Please print legibly:

Full Name of L.S.A.

President

Treasurer

Location of LSA Funds:

Bank

Address of the Bank

Account Number

Signing Officers (if different from above)

President's Signature