President Supplementary Form for Treasurers Authorization
The information you provide will only be used to verify your club/constituency treasurer’s authorization and to contact you for AMS related business.

I, __________________________, __________________________ hereby
PRINT NAME          STUDENT NUMBER
being the duly elected President/chair of
PRINT FULL NAME OF ORGANIZATION
give authority to the treasurer of the above mentioned organization to manage the finances of the organization funds, both incoming and outgoing, and undertake to do so only when directed by the organization. I have read the following AMS by-laws and AMS Code:

1. AMS By-law 13 (6), (7), and (9);
2. Code Section IXB, Article 1- (1), 2 (a-g), (3 a-c), & Article 2 – (7 a-c), (8), Article 8- (3), (4 a-f)
3. Code Section VICC, Article 3 - (1), (2)

My organization understands these regulations and shall abide by them as they apply to the organization. This statement is made with the knowledge that failure to observe the above will result in permanent suspension of the organization’s privileges through de-constitution.

Signed: __________________________ Date: __________________________

Phone: __________________________ Email: __________________________

Treasurer for organisation listed above:
Name: __________________________ Student Number: __________________________

Signed: __________________________ Date: __________________________