1) Name of account__________________________

2) Purpose of account_______

3) Date account established (for new accounts)______ ____________________________

4) Name of person(s) responsible for account__________________________

5) Duration of account:
   __ ___Ongoing   _____Limited
   Ending date if Limited____________________

6) Name of person/persons authorized to withdraw funds (Must be an employee of GHC)
   ______ ____________________________

7) Disposition of any balance when account is closed________
   _____________________________________________________________
   _____________________________________________________________

Approved:____________________________________________________
   (Director of Accounting or VP for Finance and Administration)

Account number assigned:___________________________________________

NOTE: This form must be filled out every two years for ongoing accounts, or when any information provided in the original set up has changed.