

Intent to open a Special Olympics Checking Account

Please complete the information below if your Local Program intends to open a checking account. All volunteers dealing with the checking account must have completed a Volunteer Application and be Approved Volunteers before the account can be established.

Local Delegation Name _____

Head of Delegation _____

List the individuals who will be signers or have responsibility over the checking account:

Bookkeeper/Treasurer for the Local Account

Name _____

Address _____

City _____ State _____ Zip _____

Work Phone () _____ Home Phone () _____

Cell Phone () _____ E-mail Address _____

Please list the name/address of the bank your local program intends to use for the checking account.

Bank Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Please email or mail this form to:

Kathryn Harvey
Special Olympics Kentucky
105 Lakeview Court
Frankfort, KY 40601
kharvey@soky.org

If there are no issues, the bookkeeper will be mailed a packet of information/requirements for establishing the checking account.