June 25, 2018

Dear Pastor, Priest Administrator, Pastoral Coordinator:

Archdiocesan policy requires reporting of your delegation of the authority to sign PRF transactions, insurance transactions, etc., or of your decision not to delegate this authority when there is either a change in the person delegating the authority or the person receiving the authority. If you are new to this parish as a Pastor, Priest Administrator, or Pastoral Coordinator, please note that you should return the appropriate form even if you are not delegating this authority. This is to provide us with a sample of your signature.

Please note any authorized signers MUST be paid employees of the parish, we cannot accept finance council members as signers.

The completed hard copy forms should be returned to Parish Financial Services as soon as possible. If we don’t have an up-to-date form on file, we won’t be able to process transactions. If you have any questions regarding the policy, please feel free to contact Arlene Stace at arlene.stace@seattlearch.org.

Thank you for your cooperation.

Sincerely,

Scott Bader, Director
Parish Financial Services
Archdiocese of Seattle
(206) 382-4845

attachments
ARCHDIOCESE OF SEATTLE
SIGNING AUTHORITY

Date: _____________________________

Parish Name: ___________________________________________ City: _______________________________ ID#___________

Note: Please complete ONE Section only. A OR B

SECTION A
AUTHORIZED SIGNATURE

I am not delegating signing authority at this time:

(Please Print your Name) ___________________________ Signature ___________________________ Date ___________________________

SECTION B
NOTICE OF DELEGATION OF SIGNING AUTHORITY

I have authorized the following staff member(s*) to sign for the parish:

(Print or Type Name & Title) ___________________________ (Signature of Appointee)

(Print or Type Name & Title) ___________________________ (Signature of Appointee)

This authorization includes PRF savings and loan withdrawals, Archdiocesan insurance transactions (adding or deleting properties or vehicles), leases involving parish owned properties, and all contracts with the following exceptions and/or restrictions:

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

This authorization is valid until further notice.

_________________________________________ (Signature) (Date)

SECTION C
AUTHORIZED REVIEWERS

I authorize the following individuals to request/receive PRF/ARF transaction information and account balances:

1. ___________________________ 2. ___________________________ 3. ___________________________

(Please Print your Name) ___________________________ Signature ___________________________ Date ___________________________

Chancery Approval:

_________________________________________ (Signature) (Date)
ARCHDIOCESE OF SEATTLE
TEMPORARY TRANSFER OF SIGNING AUTHORITY

Date:___________________________
Parish Name:_________________________________________  City:_______________________________  ID#_______

Note: If you completed Sections A or B you DO NOT NEED TO FILL OUT THIS FORM

<table>
<thead>
<tr>
<th>During my absence from the Parish, I have authorized*:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Print or type Name and Title)</td>
<td>(Signature of Appointee)</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>(Print or type Name and Title)</td>
<td>(Signature of Appointee)</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>(Print or type Name and Title)</td>
<td>(Signature of Appointee)</td>
</tr>
</tbody>
</table>

This authorization includes PRF savings and loan withdrawals, Archdiocesan insurance transactions (adding or deleting properties or vehicles), leases involving parish owned properties, and all contracts with the following exceptions and/or restrictions:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

This authorization is valid from _______________________________ to _______________________________
(beginning date)   (ending date)

______________________________________________  ______________________________
(Signature) (Date)

Chancery Approval:

______________________________________________  ______________________________
(Signature) (Date)