



Team account authorized user onboarding form

Team name _____

Signing officer contact information

Team manager

First name _____

Last name _____

Business Tel # _____

Personal Tel # _____

Email address _____

Existing customer of Scotiabank (Yes/No) _____

Team Treasurer

First name _____

Last name _____

Business Tel # _____

Personal Tel # _____

Email address _____

Existing customer of Scotiabank (Yes/No) _____

Who will be the primary contact? _____

Primary contact's email address _____

Primary contact's mobile phone number _____

Please email completed form to mohan.balachandran@scotiabank.com and cc admin@girlshockeycalgary.com