

## **CROSS COUNTRY BC**

Authorization form to act on your behalf.

Name:			
Address(full):			
Phone:			
Email:			
Authorized Personnel:			
Name:			
Address (full):			
Phone:			
Email:			
Authorization valid until:			
I, the undersigned, give the named Authorized Personnel the authority to act on my behalf with the following stated organization (include full address):			
Organization:			
Address (full):			
Name: (Printed)			Signature
Date:			
Witness Name: (Printed)			Signature
Date:			