

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

During my absence from the Parish, I have authorized*:

(Print or type Name and Title)

(Signature of Appointee)

(Print or type Name and Title)

(Signature of Appointee)

(Print or type Name and 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 from _____ to _____
(beginning date) (ending date)

(Signature)

(Date)

Chancery Approval:

(Signature)

(Date)