



COAST GUARD MUTUAL ASSISTANCE

1005 North Glebe Road • Suite 220 • Arlington, VA 22201

Site # 99 _____

Date: _____

From: CGMA Representative, _____
(Unit)

To: _____
(Name of New Asst Rep)

Subj: APPOINTMENT AS ASSISTANT CGMA REPRESENTATIVE

Ref: (a) CGMA Manual, Section 2-F-1

Under the provisions of Ref (a), and with your consent, you are appointed as an Assistant CGMA Representative for this unit.

You are authorized to approve CGMA loans up to \$3,000.

You are authorized to sign CGMA checks.

Please acknowledge receipt of this letter and indicate acceptance of this appointment by endorsement below. Upon acceptance, please complete a CGMA Rep or ARep Information Form (CGMA Form 20) and a new Bank Signature Card (BSC).

(CGMA Rep Signature)

Date: _____

FIRST ENDORSEMENT

From: CGMA Representative, _____
(Unit)

To: Executive Director

I hereby accept appointment as an Assistant CGMA Representative.

A completed Form 20 and a new BSC accompany this letter.

(CGMA ARep Signature)