

CARD PROGRAM
PROXY RECONCILER AUTHORIZATION
FORM

Effective immediately, I, _____, hereby authorize
_____ to have signature authority for my credit card
and reimbursement expenses processed using the Bank of America Works program. This
agreement voids any previous proxy agreement I may have signed. I agree to provide to
my proxy any and all supporting documents, comments, and/or itemized receipts stating
the business purpose of the transaction and/or reimbursement.

PRINT NAME _____

SIGNATURE _____

ID # _____

PROXY NAME PRINTED _____

PROXY SIGNATURE _____

ID # _____

Date _____