



AUTHORIZED SIGNATORY CHANGE FORM FY21

Please return the completed *Authorized Signature Change Form* as a scanned email attachment to admin@ncttrac.org

(Organization Name) (Effective date of change)

(Street) (City) (County) (Zip)

- I understand that my organization is a voting or active participating member of NCTTRAC for FY2021.** My organization acknowledge(s) responsibilities as a member and essential component of the emergency healthcare system established by the State of Texas for the nineteen counties comprising Trauma Service Area – E. As the new authorized signatory for my organization, I affirm its willingness to comply, as appropriate, with state and/or regional guidelines, obligations and by-laws as presented by the North Central Texas Trauma Regional Advisory Council (NCTTRAC) and its Board, generally found on www.NCTTRAC.org.

New Authorized Signature Name - Printed **Title**

(Phone) (Email Address)

Signature

Date

----- **BELOW THIS LINE FOR NCTTRAC USE ONLY** -----

COMPLETE/FILE UPDATED _____
Comments (if any) _____
Initials _____
Date