

## Delegation of Authority Form

By means of this form, I \_\_\_\_\_ (delegating employee) hereby  
(please print)

**Select action:**

Delegate the authority and/or duties listed below

to \_\_\_\_\_ (delegate) on this date \_\_\_\_\_  
(please print) Month/Day/Year

**Delegated authority and/or duties:**

1. The delegate may, on my behalf, pick up my BMO MasterCard

**Acknowledgement:**

\_\_\_\_\_  
Delegating Employee Signature

\_\_\_\_\_  
Delegate Signature

\_\_\_\_\_  
Delegating Employee Number

\_\_\_\_\_  
Delegate Employee Number

**Approved by:**

\_\_\_\_\_  
Supervisor