



August 2019

## 2019 Advance Payment Program

### Credit Check Authorization Form

I \_\_\_\_\_ (*Producer*) of \_\_\_\_\_  
(*Business name*) hereby authorize the **Alberta Beekeepers Commission** (Administrator) to perform a credit check for the purpose of assessing credit worthiness in relation to the our Advance Payments Program (APP) application for the 2019 Program Year.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*\*If additional bank account signatories required for this account, please provide name and signature below:*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_