**EXHIBIT A**

***ONLINE ACCESS via INNOVUE***

**BANA is hereby authorized to grant the Constituent of The Catholic Foundation of Greater Philadelphia (“Charity”) listed below online access to Innovue. Charity understands that BANA will provide the Charity’s authorized representatives with the Constituent’s(s’) user ID(s) via e-mail such authorized representatives identified below. It shall be Charity’s responsibility to forward such information to any Constituent. Constituent will need to create his/her/its own password prior to completing the sign on process.**

**Constituent Access Information**

Constituent Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account (s) Constituent should have read only access to (check one):

√ All present and future Account(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

 Select Account(s), as follows (attach list if necessary):

 Account name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account number\_\_\_\_\_\_\_\_\_\_\_\_\_

 Account name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account number\_\_\_\_\_\_\_\_\_\_\_\_\_

 Account name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account number\_\_\_\_\_\_\_\_\_\_\_\_\_

 Account name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account number\_\_\_\_\_\_\_\_\_\_\_\_\_

 Account name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account number\_\_\_\_\_\_\_\_\_\_\_\_\_

Constituent Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Constituent Address

|  |
| --- |
|   |
|   |

Charity Authorized Signer Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charity Authorized Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_

Charity Authorized Signer/Contact email (new user id will be sent here): \_\_\_\_\_\_\_\_\_\_\_\_\_

**(PLEASE FORWARD COMPLETED FORM TO YOUR TRUST OFFICER)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Internal Use Only*

*Trust Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Trust Officer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Dated \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*