**Account Manager Authorizations**

In order to open an ACR account, an Account Manager must be named. ACR has provided two different templates below, either of which can be used to authorize the named Account Manager, depending on whether the organization prefers to have an executive sign a letter or the board pass a resolution.

Please note that in the case of a signed executive letter, ACR may request documentation of the signatory’s authority to legally bind and execute agreements on behalf of the entity, such as the organization’s bylaws, a certificate of incumbency, power of attorney, or a board resolution or letter from an executive officer naming the signatory as possessing delegated signatory authority.

If your organization wishes to designate an Alternate Account Manager, you may do so by filling in the optional template fields. While there can only be one Account Manager at a time, designating an alternate in your Account Manager Authorization will allow ACR, at the request of the account holder, to modify the Account Manager to the named alternate without requiring the organization to submit a new Account Manager Authorization.

Please take care to fill in all required fields in the chosen template below.

***TEMPLATE FOR EXECUTIVE SIGNED LETTER***

Date

American Carbon Registry

Attn: ACR Administrator

204 E. 4th Street

North Little Rock, AR 72114

Email: ACR@winrock.org

***RE: ACR Account Manager Authorization***

To Whom It May Concern:

This letter confirms that I am authorized to legally bind Name of Applicant Organization to the American Carbon Registry (ACR) Terms of Use Agreement.  I have read and agree on behalf of Name of Applicant Organization to the current version of the ACR Terms of Use Agreement, and I hereby delegate ACR Account Manager Full Name, Title to denote Name of Applicant Organization’s agreement by marking the click-to-agree boxes on the web-based ACR Terms of Use form. ACR Account Manager Full Name is authorized to serve as the Account Manager for Name of Applicant Organization and to appoint other individuals to access the account and to assign account logins and permission levels for each. Name of Applicant Organization understands and agrees that all individuals who have access to its ACR account are bound to the ACR Terms of Use agreement.

*ALTERNATIVE DELEGATE (OPTIONAL):*

I hereby delegate ACR Alternate Account Manager Full Name, Title to serve as the alternate Account Manager for Name of Applicant Organization should the above-named Account Manager no longer be able to fulfill this role (e.g., no longer employed by organization, on extended leave, etc.). The alternate Account Manager is authorized to perform all actions described above, once instated. I understand that Name of Applicant Organization must email ACR’s Account Change Request Form to request that the original Account Manager be replaced by the alternate Account Manager for this change to take effect.

*-Signed-*

Name of Signatory

Title of Signatory

***TEMPLATE FOR BOARD RESOLUTION***

*A BOARD RESOLUTION MUST CONFIRM THAT:*

ACR Account Manager Full Name, Title is authorized to agree to the current version of the ACR Terms of Use on behalf of Name of Applicant Organization and to legally bind the organization by electronically signing the web-based ACR Terms of Use form. ACR Account Manager Full Name is authorized to serve as the Account Manager for Name of Applicant Organization and to appoint other individuals to access the account and to assign account logins and permission levels for each. Name of Applicant Organization understands and agrees that all individuals who have access to its ACR account are bound to the ACR Terms of Use agreement.

*OR*

The appropriate representative(s) of the Board have read and agree on behalf of Name of Applicant Organization to the current version of the ACR Terms of Use and hereby delegates ACR Account Manager Full Name, Title to denote the Board’s agreement by marking the click-to-agree boxes and electronically signing the web-based ACR Terms of Use form. ACR Account Manager Full Name is authorized to serve as the Account Manager for Name of Applicant Organization and to appoint other individuals to access the account and to assign account logins and permission levels for each. Name of Applicant Organization understands and agrees that all individuals who have access to its ACR account are bound to the ACR Terms of Use agreement.

*AND MAY INCLUDE LANGUAGE TO DESIGNATE AN ALTERNATIVE ACCOUNT MANAGER*

ACR Alternate Account Manager Full Name, Title is hereby delegated to serve as the alternate Account Manager for Name of Applicant Organization should the above-named Account Manager no longer be able to fulfill this role (e.g., no longer employed by organization, on extended leave, etc.). The alternate Account Manager is authorized to perform all actions described above, once instated. Name of Applicant Organization understands that a representative must email ACR’s Account Change Request Form to [ACR@winrock.org](mailto:use) to request that the original Account Manager be replaced by the alternate Account Manager for this change to take effect.