



**AMERICAN LEGION AUXILIARY**  
**Department of Ohio, Inc.**

**2019-2020 BONDING FORM**

TO: Unit Secretaries  
 SUBJECT: Unit Bonding

The National Fidelity Bond covers all members and employees of the American Legion Auxiliary. Each Unit must pay \$6.00 for its share of the bond premium. The fidelity bond covers loss through larceny, embezzlement, theft, forgery, misappropriation, willful misapplication or any other act of fraud. This bond does not cover loss, mysterious disappearance, or burglary. As soon as a loss is discovered, an audit must be conducted to establish proof of loss. All claims are to be reported to the Department Secretary within three months of discovery.

The following controls are recommended to help prevent losses and provide more reliable financial data:

1. Unit Bylaws should provide for a regular financial report from the Unit Treasurer.
2. Unit Bylaws should provide for an annual audit and specify how the audit is to be made.
3. Cash receipts must match the cash receipt entry in the ledger and the bank deposit.
4. Involve a second person in cash receipts processing.
5. Make certain cash receipts match the cash receipts entry and the actual bank deposit.
6. Pay all bills by check.
7. Issue receipts for all monies received.
8. Require countersignatures on all checks—NEVER pre-sign a blank check.
9. Someone independent of check processing should review bank statements, bank reconciliations, credit card statements, vendor addresses, etc.

**Unit Bonding Fee is mandatory and must be paid by May 1, 2020 in order to qualify for a Citation of Merit.**

Please detach and mail along with your Unit's check to:

**AMERICAN LEGION AUXILIARY**  
**DEPARTMENT OF OHIO, INC.**  
**PO BOX 2760**  
**ZANESVILLE OH 43702-2760**  
**(740) 452-8245**

**Please enclose a separate check payable to:** American Legion Auxiliary Dept. of Ohio  
 (Your canceled check will be your receipt.)

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Enclosed is \$6.00 payment of the **mandatory** premium due on the National Blanket Fidelity Bond for a  
**ONE-YEAR PERIOD—DUE MAY 1, 2020**

**Year (s) 201** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Unit #** \_\_\_\_\_ **District #** \_\_\_\_\_

\_\_\_\_\_  
 Unit Name

\_\_\_\_\_  
 Sender's Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip

**(Please disregard if bonding fee has been paid for the 2020 administrative year)**