



開立支票存款帳戶



ACCOUNT NUMBER _____

DATE _____

SIGNATURE AUTHORIZATION CARD

NAME _____

ADDRESS _____

PHONE _____

SOCIAL SECURITY NO. - -

TYPE OF ACCOUNT

Individual

Joint

Business

Partnership

YOU ARE HEREBY AUTHORIZED TO RECOGNIZE ANY* OF THE SIGNATURES SUBSCRIBED HERE IN THE PAYMENT OF FUNDS OR THE TRANSACTION OF ANY BUSINESS FOR THIS ACCOUNT. IT IS AGREED THAT ALL TRANSACTIONS BETWEEN THE BANK AND THE DEPOSITOR SHALL BE GOVERNED BY THE CONTRACT PRINTED ON THE REVERSE SIDE OF THIS CARD.

AUTHORIZED SIGNATURE _____

AUTHORIZED SIGNATURE _____

* If you wish to use two signatures, sign both signatures on the form.