

AUTHORIZATION FORM

Date: _____

The following representative/s whose names and specimen signatures appear in this form are hereby authorized by me/us to receive or submit (as indicated below) all paper, documents, negotiated/paid checks, bank statements, manager's check, bank certifications, certificate of time deposit and other related papers pertaining to all our transactions with you.

Further, I/we will not hold the Bank liable for any misrepresentation, losses or non-receipt of any and/or all papers, documents, checks, statement and other related papers which were released by the bank to the said representatives authorize by me/us.

NAME	Position	Specimen Signature	Authorized to pick-up	Authorized to submit
1 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
9 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
10 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

This authorization supersedes all previous authorizations

Company Name: _____

Authorized Signature: _____

Printed Name and Signature

FOR BANK'S USE ONLY

DGM	DH	AO

BOD MANAGER	MAKER