

BANKING & FINANCIAL ACCOUNT REPRESENTATION PROXY

Effective Date

Place

1. Parties

This document is made on _____ (_____) by:

Account Holder

Individual

Full Legal Name

SSN / ID

Doc Series

Address

In favor of:

Authorized Representative

Individual

Full Legal Name

SSN / ID

Doc Series

Address

2. SUBJECT-MATTER SCHEDULE & SPECIFICATIONS

Bank Name & Branch

Account Number(s)

Permitted Transactions

Transaction Limits

Authorization Valid Until

3. EXECUTION & SIGNATURES

Account Holder

Signature

Full Legal Name

Date
