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| **SPECIMEN SIGNATURE SHEET** |
| For use of :  **New (Account Opening)** |
| **Change of Authorized Signatory** (i.e. replace existing records of authorized signatory (ies) with below information)  **Effective Date of the Change:** Click here to enter a date.**Immediately upon receipt**  **mm dd yyyy** |

**Note:** For signatories authorized to conduct transactions for the following account(s), the Company is required to present primary identification documents or submit copies thereof duly authenticated by the satisfactory witness. The Bank will not honor any transactions made or requested by any signatory whose primary identification document has not been presented to it. **It is mandatory to provide our bank with a mobile phone number if the Signatory is outside the U.S.**

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| Account(s) No. |
| Account(s) Name |

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| Name of Authorized Signatory  (first, middle, last ) | Government-Issued Identification Document  Type and ID Number | Social Security Number | Phone Number | Specimen Signature ***(Please sign twice )*** | |
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| Special instructions:  If two signatories are required for transactions exceeding a specified amount, please indicate the amount. | $ |

**NOTARIZED BY**