



Washington Savings Bank

Business Account Signature Card

Name:			
Account Number:			
Account Type:			
Processed By:			

SIGNATURE(S) – By signing this signature card, the undersigned acknowledges receipt of the Business Account Agreement governing this account and agrees to be bound by said Business Account Agreement. The undersigned further acknowledges that it may designate Authorized Representatives in writing below or in a separate writing from time to time. The authority of each Authorized Representative will continue until the undersigned provides us with written notice to the contrary. For this account, the Authorized Representatives have the right, power, and authority to sign checks and other instruments, close the account, sign other related agreements such as the Online Banking Enrollment/Agreement, obtain account information and initiate transactions through the Bank Customer Center, and request account maintenance when necessary.

Corporate Signature

Company Address:				
Federal Tax ID:		Date of Authorization:		
Company ID:				
By (sign name):		Title:		
Print Name:		SSN:		
Personal Address:				
Personal Phone Number:		DOB:		
Driver's License no.		By:	Issued	Exp:

Check here if the person named above **should not** be an Authorized Representative for this account.

Authorized Signers

Sign Name:		Title:		
Print Name:		SSN:		
Personal Address:				
Personal Phone Number:		DOB:		
Driver's License no.		By:	Issued	Exp:
Sign Name:		Title:		
Print Name:		SSN:		
Personal Address:				
Personal Phone Number:		DOB:		
Driver's License no.		By:	Issued	Exp:
Sign Name:		Title:		
Print Name:		SSN:		
Personal Address:				
Personal Phone Number:		DOB:		
Driver's License no.		By:	Issued	Exp: