MAXBANK
A Thrift Bank

SIGNATURE CARD

ACCOUNT NUMBER

0 0 0 0 | | | | | | | | | | | |

ACCOUNT NAME ✓

Depositor 1	Depositor 2

✓ TYPE OF ACCOUNT ☐ SAVINGS ☐ CHECKING ☐ with ATM ☐ TIME DEPOSIT ☐ FOREIGN CURRENCY ☐ OTHERS:

Name 1. ✓_____
FIRST NAME MIDDLE NAME LAST NAME

Phone: Home _____ Office _____ Mobile ✓_____

Name 2. ✓_____
FIRST NAME MIDDLE NAME LAST NAME

Phone: Home Office Mobile ✓

Mailing Instruction: Mail to
☐ Depositor 1 ☐ Depositor 2

Mailing Address:

1.✓_____
_____

2.✓_____
_____

PLEASE RECOGNIZE THE FOLLOWING SIGNATURE(S) IN THE PAYMENT OF FUNDS OR TRANSACTION OF OTHER BUSINESS ON MY/OUR ACCOUNT: (Please sign thrice below and ensure that your signature is within the box provided)

1	2
✓	✓
✓	✓
✓	✓

Signature authenticated by: _____
Date: _____