

AUTHORIZED SIGNATURES OF

(BANK NAME)

ADDRESS _____ CITY/STATE _____ ZIP _____

FOR THE ATLANTIC CENTRAL BANKERS BANK 60-175/313

PLEASE TYPE NAME (MR/MRS.) TITLE

WILL SIGN

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I HEREBY CERTIFY THAT THE SIGNATURES APPEARING ABOVE, BEING _____ IN NUMBER, ARE THOSE OF OFFICERS OR OTHERS PROPERLY AUTHORIZED BY THE BY-LAWS OF THIS BANK, OR BY RESOLUTION OF ITS BOARD OF DIRECTORS, TO SIGN AND ENDORSE CHECKS, NOTES AND DRAFTS, WITHDRAW FUNDS AND TRANSACT ANY OTHER BUSINESS ON BEHALF OF THIS BANK WITH THE ATLANTIC CENTRAL BANKERS BANK.

TITLE OF BANK

DATE

PRESIDENT
OR
CASHIER