

**PNB**

_____ Branch

SIGNATURE CARD

Date (MM/DD/YYYY): _____

CUSTOMER ID NUMBER :

Print Name (Last, First, Middle): _____

Contact Information: Home _____ Office _____ Mobile _____

Please sign alike three times using a black ink. (Signature within boxes)

Customer's Agreement

By providing my specimen signature, I (and, where applicable, the entity that I represent) hereby authorize PNB, its branches and agencies and all of PNB's subsidiaries, affiliates or correspondent banks to honor all transactions made on the deposit products, services and facilities which I (and, where applicable, the entity that I represent) have availed or shall in the future avail from PNB and covered by relevant documents bearing the said signature. I (and, where applicable, the entity that I represent) further authorize PNB, its branches and agencies and all of PNB's subsidiaries, affiliates or correspondent banks to continue to rely on the said specimen signature until I have updated the same. I (and, where applicable, the entity that I represent) hereby hold PNB and its branches and agencies, and all of PNB's subsidiaries, affiliates or correspondent banks and their respective directors, officers, employees and agents free and harmless from any and all liabilities, damages, costs and expenses which they may incur by virtue of their reliance on the specimen signature I have provided herein.

Form G001

FRONT

LIST OF ACCOUNTS OPENED

Account No(s).	Account Type	Type of Signatory	Signature Requirement	Limits	Date Opened	Officer's Initial	Date Closed	Officer's Initial

FOR BANK USE ONLY

Signature Taken By:

Authenticated & Approved By:

(Signature over Printed Name / Date)_____
(Signature over Printed Name / Date)

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