

108936 12-87 TOPAS Specimen Signature Card  
 Instructions: Center signature within the boxed area, and not on the lines.  
 Use only a blue or black ballpoint pen.

(6) \_\_\_\_\_

(5) \_\_\_\_\_

(4) *Frank D. Zucchi*

(3) *Marion C. Brown*

(2) *Elmer D. ...*

(1) *W. Gary Hawk*

NEW ACCOUNT  SUPPERSEDE  ADD OFF. NO. ACCOUNT NO.

# Supporting documentation required for opening business accounts

## CORPORATION

- A certified copy of the Articles of Incorporation and bylaws
- The newspaper printer's proof of publication of the Fictitious Business Name Statement, if applicable
- A copy of the business license, if applicable
- For any change in officers/signatures, a copy of the minutes of the board of directors' action by which the current officers were appointed. The copy must be certified by the corporate secretary.

## UNINCORPORATED BUSINESS: SOLE PROPRIETORSHIPS, PARTNERSHIPS

- A copy of the partnership or trust agreement, if applicable
- The newspaper printer's proof of publication of the Fictitious Business Name Statement, if applicable
- A copy of the business license, if applicable

## UNINCORPORATED NON-BUSINESS ORGANIZATION

- A copy of the charter, bylaws or governing rules, if any
- A letter signed by two officers of the organization, society or club authorizing the opening of the account



## SIGNATURE CARD - BUSINESS

*District*

Business Name Rancho Murieta Community Services

Street Address 14670 Cantova Way

City, Zip Code Rancho Murieta, CA 95683

Statement Mailing Address (if different from above) P.O. Box 1050  
Rancho Murieta, CA 95683

Telephone No. 916-354-2428 Employer's ID No. \_\_\_\_\_

Type of Business Community Services District

Former Bank/Reference \_\_\_\_\_

Account Officer Name/Number \_\_\_\_\_

Location Verified by/Date \_\_\_\_\_

## ACCOUNTS ESTABLISHED UNDER THIS AGREEMENT

Account Type	Account No.	Statements -	Cycle	
1		<input type="checkbox"/> Mail <input type="checkbox"/> Hold		
2		<input type="checkbox"/> Mail <input type="checkbox"/> Hold		
3		<input type="checkbox"/> Mail <input type="checkbox"/> Hold		
4		<input type="checkbox"/> Mail <input type="checkbox"/> Hold		
Initial Deposit \$	Date Opened	Opened By	Officer's Initials	Date Closed
1				
2				
3				
4				

**AUTHORIZED SIGNATURES**

PLEASE TYPE OR PRINT CLEARLY

Name W. Corey Trench

Title President

Signature W. Corey Trench

Name Glenn R. Twitchell

Title Vice President

Signature Glenn R. Twitchell

Name Marion C. Cravens

Title Manager/Finance Officer

Signature Marion C. Cravens

Name Linda D. Eversole

Title District Secretary

Signature Linda D. Eversole

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

1443601/90

Form of Ownership:

- Corporation     Sole Proprietorship  
 Partnership     Unincorporated Non-Business Organization

The undersigned agrees with Security Pacific National Bank ("Bank") that this account shall be governed by applicable banking laws, customs and clearing house regulations and by the terms and conditions (including fees and charges) prescribed by the Bank for such accounts.

**Resolution 91-11**

Resolved that authority is hereby given to those individuals whose signatures appear hereof to establish one or more bank accounts for and in the name of this entity, to execute checks and other items on behalf of this entity and to endorse for encashment checks and other items payable to or belonging to this entity. The undersigned (President and Secretary for corporations and non-business organizations) of this entity certifies that this resolution was adopted by said entity in accordance with law and its charter documents and that it shall remain in force until written revocation is received by the Bank at the office where this account is maintained.

Number of signatures required:  one,  two, or \_\_\_\_\_ (specify) to withdraw funds or execute items on behalf of this entity.

The Bank is hereby instructed to mail or hold statements or notices as instructed on this card. Statements or notices held and not called for within 10 days of preparation shall be forwarded by the Bank to the address appearing on this card. The Bank is hereby relieved of all liability arising out of loss in transit or nonreceipt of any statements, items or notices.

Name/Title Linda Eversole, District Secretary

Signature Linda Eversole  
Finance Officer

Name/Title Marion C. Cravens, Manager

Signature Marion C. Cravens

**W** We offer a wide range of other products to conveniently service all your banking needs:

- BUSINESS SAVINGS AND INVESTMENTS
- BUSINESS RETIREMENT
- BUSINESS LOANS
- PAYROLL AND CASH MANAGEMENT
- BUSINESS CHECKING
- OTHER VALUABLE SERVICES

NEW ACCOUNT  SUPERSEDE  ADD  OFF. NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

(1) W. Corey Trench

(2) Glenn R. Twitchell

(3) Marion C. Cravens

(4) Linda D. Eversole

(5) \_\_\_\_\_

(6) \_\_\_\_\_

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