

# TAGUM COOPERATIVE

## SPECIMEN SIGNATURE CARD

Signature Card  
TCHO-SCG-FM 04-01.72  
Effective: September 25, 2023

CID NO.

TRACK NO.

### Account Name: (Print Full)

Name

Middle

Family Name

DATE OPENED (mm/dd/yyyy)

NEW

UPDATE

### Contact Number:

### Registered Address: ( Print Full )

Prk. / Street / Blk. Lot # / Subdivision

Brgy.

City / Town

Province

I / We hereby agree to be governed by your regulations contained in the passbook. Please recognize the following signatures in payment of funds or transacting other business in my / our account.

ANY OF THESE MUST APPEAR

ANY TWO OF THESE MUST APPEAR

ALL OF THESE MUST APPEAR

NAME: \_\_\_\_\_

1. \_\_\_\_\_

1. \_\_\_\_\_

1. \_\_\_\_\_

NAME: \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

IDENTIFIED / AUTHENTICATED BY:

APPROVED BY:

DATE:

**For Joint Accounts, please accomplish this area.**

1x1

**NAME:** \_\_\_\_\_

1x1

**NAME:** \_\_\_\_\_