

TAGUM COOPERATIVE

SPECIMEN SIGNATURE CARD

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: _____