



AUTHORIZATION FOR TELEPHONE TRANSFERS

The undersigned hereby acknowledge and agree that:

- a) Bank of Santa Clarita ("The Bank") will transfer funds between the following accounts pursuant to telephone instructions which the Bank reasonably believes to have been given by any of the current authorized signers on the account(s) or other individual named in this agreement.
- b) The Bank shall have no obligation to verify the identity of the person providing such telephone instructions to the Bank and the undersigned agrees to indemnify and hold the Bank harmless from and against any and all loss, liability, claim, damage and expense, including, without limiting the generality of the foregoing, all attorney's fees and court costs which the Bank may incur or which may arise or result from the acceptance of such telephone instruction by the Bank providing for the transfer between said accounts.
- c) The Bank is not obligated to lend or advance money to the undersigned in connection with any direction specified in accordance with this agreement.
- d) This agreement may be voluntarily terminated at any time by written notice to Bank from undersigned, or to undersigned from Bank. This agreement may be modified by the undersigned only in writing delivered to Bank or by Bank's written notice to undersigned. This agreement supersedes all previous agreements.

ACCOUNT NUMBERS <small>(funds may be transferred to or from)</small>	TITLE OF ACCOUNT
_____	_____
_____	_____
_____	_____
_____	_____

Note: If two or more signatures are required to withdraw funds, one person authorized to sign this agreement may request a telephone transfer regardless of the number of signatures required to sign on each of the accounts.

The undersigned hereby authorize the following individuals to give Bank instructions to transfer funds between accounts listed above:

_____	_____
_____	_____

This Agreement must be signed by all authorized signers on the above mentioned accounts.

Authorized by:

_____ Signature	_____ Signature
_____ Printed Name	_____ Printed Name
_____ Signature	_____ Signature
_____ Printed Name	_____ Printed Name

ACCEPTANCE BY BANK OF SANTA CLARITA

Date Received: _____ Effective Date: _____

Accepted and Reviewed By: _____

Check here if this agreement supersedes original agreement.