

GIRL SCOUTS OF ALASKA REQUEST TO OPEN/UPDATE TROOP BANK ACCOUNT

EIN: 92-6000179

SPECIMEN SIGNATURE CARD

Troop Number: _____ Troop Leader: _____

Leader's Phone #: _____ Leader's Email Address: _____

Statement Mailing Address: _____

First National Bank Alaska Branch: _____

Open New Account Update Authorized Signers Issue BusinessCard Debit Card

Checking (Monthly Fee Waived) Account #: _____

First National Bank Alaska is hereby authorized to establish an account for the Girl Scout Troop listed above, in accordance with our resolution dated 9/13/2012. Listed below is a minimum of two (2) unrelated authorized signers on this account. Only one signature is required on checks. **Statements available online only.**

Signature	Printed Name	Date of Birth	E-Mail	ID Number & Type
1.				
2.				
3.				
4.				

We hereby authorize issuance of a First National Bank Alaska BusinessCard Debit Card to the below named cardholder with card to be mailed to the following address: _____

Cardholder Information:

Name: _____

Date of Birth*: _____ Social Security Number*: _____

Primary Contact Telephone Number*: _____ Secondary Contact Telephone Number: _____

*If this information is not provided by Cardholder, the card cannot be activated by telephone upon receipt of the card. The bank will mail the cardholder a Personal Identification Number (PIN) separate from the card mailing. The PIN must be used with the card at an ATM to activate the card.

The accounts on which the Cardholder is authorized to draw are those designated above, and the limitations on Cardholder's authority as to each are provided below:

Daily Limits to Withdraw Cash: \$ 310.00
Daily Limits to Purchase Goods and Services: \$ Up To Balance of Account

Girl Scouts of Alaska hereby agrees to be bound by the terms and conditions of First National Bank Alaska's standard BusinessCard Agreement, as they may be modified from time to time.

Authorized Signature by Council Only:

X _____
Authorized Signature for Girl Scouts of Alaska Date

Financial Institution Use Only	
Date: _____	Card #: _____
Branch/Dept: _____	
Processed By: _____	