

APPLICATION FOR AHB ON CALL ACCESS-BUSINESS

AMERICAN HERITAGE BANK, PO BOX 1408/2 SOUTH MAIN, SAPULPA, OK 74066-1408

Part I- ACCOUNT ACCESS

Depositor (whether one or more) hereby applies with AHB for an electronic access device/code for the authorized person(s) indicated below, to access the accounts listed below and to perform such other banking functions with the electronic access device/code as are authorized by their Corporate Authorization Resolution. Depositor(s) further understand they are the only person(s) authorized by the bank to use this electronic access device/code and it is their responsibility to safeguard this code.

Depositor(s) Name(s): _____

Daytime phone number: _____

Account Numbers to be accessed for information:

Account #	Account type	Account #	Account type
_____	_____	_____	_____
_____	_____	_____	_____

Part II-TRANSFERS Note: Transfers to loans can be for regular principal and interest payments only

I/We do not want funds transfer capabilities on the On Call system

OR

Depositor (whether one or more) also applies with AHB to transfer funds on the AHB On Call system as authorized in their Corporate Authorization Resolution. **PLEASE NOTE:** only accounts with the same ownership will be granted funds transfer options.

Account Numbers for funds transfer access:

Account #	Account type	Account #	Account type
_____	_____	_____	_____
_____	_____	_____	_____

Part III-AUTHORIZING SIGNATURES

Depositor (whether one or more) has signed a copy of the Corporate Authorization Resolution and agree to be bound by the terms and conditions contained therein, whether they be amended from time to time by the bank or whether the agents listed are updated by the corporation. The depositor agrees to pay all fees that may be assessed in connection with the issuance, maintenance, and/or use of the access device/code.

Date: _____ Signature: _____ Tax ID: _____

Date: _____ Signature: _____ Tax ID: _____

Date: _____ Signature: _____ Tax ID: _____

Date: _____ Signature: _____ Tax ID: _____

Customer Service Rep _____ **Please forward to the bookkeeping department for processing.**