



SPECIMEN SIGNATURE CARD
Personal Accounts

I/We hereby authorize La Inmaculada Credit Union Ltd. (LICU) to rely on my/our signature(s) set forth with respect to the account(s). This is a standing authority until otherwise advised by me in writing. I/We agree to notify the LICU immediately if I/We suspect that any confidential account information has become known to an unauthorized person or if I/We believe that an unauthorized transaction has occurred with respect to my account (s). Type of account(s) *check all that apply:* Regular deposit Shares **File #** _____

Account Name:		Account#:	
Address:		Telephone#:	
Primary Acct holder ID type and No.	Signature:	Date:	
Joint Acct holder Name:		Telephone#:	
Address:			
Joint Acct holder ID type and No.	Signature:	Date:	
Special Instruction(s):			
1.) Authorized person's name:	Regular Deposit	Signature:	Date:
Authorized person's Id type and No.		Authorized person's address:	
2.) Authorized person's name:	Regular Deposit	Signature:	Date:
Authorized person's Id type and No.		Authorized person's address:	

The following documents are in place: identification proof of address monthly expected deposit activity \$ ____

Prepared by: _____

Checked by: _____

Authorized by: _____