

Fax Authorization Form

Instructions

- All Information must be filled out completely.
- Form must be mailed to address to the left.

Account Name:	
Account Address:	
Account Address:	
Account Number:	Social Security #/TIN:
Home Number:	Cell Number
Work Number:	Other Number
identified above, for the purpose of giving verbated to the Bank via fax. All faxed instructions mube followed by the signed original copy of such to the Bank as follows: Presidential Bank, FSB, 4	
PASSWORD: Enter an easily remembered but not obvious Password, of at least four letters and/or numbers	
	equired to use your Password when verifying a fax transmission. If the ify the Faxed instructions, they will not normally be honored.
	s) authorized to sign for this account cannot be reached in time to provide raw will be cancelled and must be reinitiated by the Customer.
fer or withdraw funds pursuant instructions tra of an authorized signer of the Customer. Without instruction, if: (i) it is unable to obtain proper are cy between such instructions and information proton submitted in accordance with security processank for any reason not to be genuine. Under nage resulting from any delay in the Bank's performant authorization provided herein may only be more	t Presidential Bank, FSB (the Bank), as the agent of the Customer, to trans- nsmitted to the Bank by fax which appear to the Bank to bear the signature ut Liability to the Customer, the Bank may elect not to act upon such faxed nd satisfactory verification of such instructions; (ii) there is any inconsisten- oreviously supplied to the Bank by the Customer; (iii) such instructions are dures established by the Bank; or (iv) such instructions are suspected by the no circumstances will the Bank be responsible for any liability, loss or dam- ormance or failure to perform pursuant to such instructions. The Customer's diffied or revoked by written instructions containing the original authorized ginal copy of such instructions is physically received by the Bank.
Authorized Signature:	Date:
Authorized Signature:	Date: