

NOTE: BRANCH MUST ATTACH BANKING RESOLUTION, LGL-325, ALONG WITH COPY OF SIGNATURE CARD, B-245

VIEW ONLY Set-Up Form — Business Online Banking

Branch Name/Branch #	Employee Name	Teller Number
Legal Business Name	Business CIF	
Authorized Account Signer/Administrator	E-mail Address	Phone Number
Authorized Account Signer/Administrator	E-mail Address	Phone Number

I. REPRESENTATION AND WARRANTY OF AUTHORITY:

The undersigned authorized account signer(s)/Administrator(s) do hereby certify, represent and warrant that I/we are current authorized account office holder(s) and signatories of the referenced Entity, duly authorized and empowered by the Entity to apply for access and use the Banking ("Bus. OB Service") platform for the following limited purpose: **VIEW ONLY**. The aforesaid authority falls within the scope of powers set forth in the Banking Transactions Authorization & General Resolution Form [LGL-325] on file with the Bank.

ADMINISTRATOR	TITLE	CIF# (Bank Use)
_____	_____	_____
ADDITIONAL ADMINISTRATOR (if applicable)	TITLE	CIF# (Bank Use)
_____	_____	_____

II. ADDITIONAL SERVICES – NOT AUTHORIZED

I/we acknowledge that other than **VIEW ONLY**, no additional Services will be available except upon application and approval.

III. ASSUMPTION OF RISK, RELEASE, HOLD HARMLESS AND INDEMNIFICATION

In consideration of the Bank's approval of this application for set-up of **VIEW ONLY** access to the Service, the Entity assumes all risk of liability arising from any Administrator's acts or omissions and agrees to release, hold harmless and indemnify Apple Bank, its directors, officers, employees, successors and assigns from and against all claims, demands, actions or proceedings for all losses, damages, injuries to persons or property and liabilities (including attorneys' fees, costs and expenses) arising out of this application and agreement, access to and/or use of the Bus. OB Service as described herein.

CONFIRMED AND AGREED:

X

Authorized Signer	Title	Name (Please Print)	Date
_____	_____	_____	_____

X

Authorized Signer	Title	Name (Please Print)	Date
_____	_____	_____	_____

For Bank Use Only:
By signing below you acknowledge that Entity resolutions and signature cards have been properly completed, reviewed, verified, and found to correspond with the Authorized signature on this form.

Management Authorization:

Name/ Title (Please Print)	Signature	Date	Branch/Dept.
_____	_____	_____	_____