



SAEHAN BANK
iSignature Application

Date: _____

Account Number: _____

Business Name: _____

Business Address: _____

Type of Business: _____

Number of years of Operations: _____

AUTHORIZED COMPANY SIGNATURE

AUTHORIZED BANK SIGNATURE

Signature

Signature

Print Name and Title

Printed Name and Title

Date

Date

FOR BANK USE ONLY	
Company ID	<i>(Existing Customer)</i>
Super User ID	Three Month Account Analysis:
Deposit Account(s)	-3 Avg. Balance:
Date Received	<i>(New Account)</i>
Date Processed	Three Month Account Analysis:
Branch Manager/Operations Officer Approval:	-Three Months Bank Statements: (Please attach originals with this agreement and keep for Bank records)