

To be used for completing - Addendum Signatures and Facsimile Samples [FORM 00360-HOA (Rev. 07/2014)]

**PAGE ONE:**

**Account Title:** Type account title

**Authorized Deposit Account Signers:** Individuals who will be authorized to sign checks

**Column One:** Sign for specimen of signatures

**Column Two:** Print of type Name and Title

**Account Number:** Type all account numbers that are part of your bank deposit agreement (Enter full 10 digit account number)

Remaining columns do not need to be completed.

**FACSIMILE SIGNATURES:**

**2 Boxes:** Attach sample of Facsimile Signatures - You may enter up to two specimens - one per box;

**Below Box:** Name and Title of individual whose facsimile signature is attached;

**APPROVAL OF FORM**

**By:** Signature of Contracting Officer (i.e. Corporate Officer/General Partner (for management company accounts) or Contracting Board Member (for an association account);

**Title:** Title of Individual Signing

**Date:** Today's Date



Instructions

1. Please print, read and complete the agreement.
2. Mail your signed agreement to the following address:

MUFG Union Bank, N.A. - HOA Banking Services  
Commercial Customer Services/MC V03-012  
P.O. Box 513840  
Los Angeles, CA 90051-3840



**ADDENDUM SIGNATURES AND  
FACSIMILE SAMPLES  
Homeowners Association**

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Please sign in black ink only and line out unused signature spaces.

AUTHORIZED DEPOSIT ACCOUNT SIGNERS (Sign in black ink)    TYPED NAME AND TITLE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Signing instructions:** It is not the Bank's general policy to offer accounts on which two or more signatures are required for withdrawals. (For exceptions, see Form 00333 Approval of Multiple-Signature/Special Signing instructions.)

**ADDENDUM SIGNATURES**

Pursuant to the Bank Depositor and Treasury Management Services Agreement with MUFG Union Bank, N.A. (Bank), Bank is instructed to add the person(s) identified above to the authorized deposit account signers for the referenced accounts.

ACCOUNT NUMBER	TYPE OF ACCOUNT	DATE OPENED/REVIEWED

**FACSIMILE SIGNATURES**

Attach original sample of the Facsimile signature(s) being used in the box(es) below. Provide name and title of individual(s) whose facsimile signature is being used.

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Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Each person whose name, specimen signature, or facsimile signature is set forth above is an authorized signer on the referenced account(s).

By \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_