

	SOCORRO EMPOWERED PEOPLE'S COOPERATIVE	Document No.	:	F-MMR-810-021	Eff. Date	:	03-18-26
	FORMS	Revision No.	:	00	Pages	:	1 of 1
	SIGNATURE CARD						

PRODUCT TYPE		☐ Regular ☐ Time Deposit	☐ Pension Savings ☐ Youth Savings	☐ Holiday ☐ Others: _____
ACCOUNT NAME (FOR JOINT ACCOUNT):				
NAME 1 (L,F,MI):		NAME 2 (L,F,MI):		DATE OPENED (MM/DD/YY):
BIRTHDATE:	CP #:	BIRTHDATE:	CP #:	
ADDRESS:	GENDER:	ADDRESS:	GENDER:	
PLEASE RECOGNIZE IN THE PAYMENT OF FUNDS OR TRANSACTION OF OTHER BUSINESS ON MY/OUR ACCOUNT THE FOLLOWING SIGNATURES.				
<u>NAME 1 (3 SIGNATURES)</u>		<u>NAME 2 (3 SIGNATURES)</u>		
_____		_____		
_____		_____		
_____		_____		
TYPE OF ACCOUNT		☐ Individual ☐ Partnership	☐ Joint ☐ Corporate	☐ NGOI ☐ Government ☐ Others
SIGNATURE REQUIREMENTS				
☐ ANYONE ☐ AT LEAST TWO ☐ ALL ☐ OTHER				
SIGNATURES AUTHENTICATED BY:		APPROVED BY:		
_____		_____		
BUSINESS ADVISOR		MANAGER		

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