



MASTER SIGNATURE CARD FOR PROPERTY ACCOUNTS

Legal Name of Business: Taxpayer Identification Number: Street Address (Do Not Use PO Box), City State, Zip: Mailing Address (if different from above), City, State, Zip: Telephone Number: Fax Number: Date First Account Opened:

The authorized agent(s) indicated below and signed on the attached Signature Card Addendum agree(s) that the Company's Account(s) will be governed by the terms set forth in the Deposit Account Agreement and Disclosure, the Time Certificate of Deposit or Confirmation of Time Deposit Agreement (if applicable), the Rate and Fee Schedule, the Funds Availability Policy Disclosure, the Substitute Check Policy Disclosure, the Electronic Funds Transfer Agreement and disclosure, (if applicable), and acknowledge receipt of our policy (if applicable) as amended by the Financial Institution from time to time.

The following IRS-required taxpayer identification number (TIN) certification applies to ALL ACCOUNTS listed on this Master Signature Card.

CERTIFICATION:

I have read the detailed instructions concerning backup withholding and taxpayer identification numbers and I CERTIFY UNDER PENALTIES OF PERJURY THAT (1) the number shown is the Company's correct taxpayer identification number, I am a U.S. person (including a U.S. resident alien), and that (check the appropriate line):

- ___ The Company is not subject to backup withholding, because the Company is exempt from backup withholding, or because the Company has not been notified by the IRS that the Company is subject to backup withholding as a result of a failure to report all interest or dividends, or because the IRS has notified the Company that the Company is no longer subject to backup withholding.
___ The Company is subject to backup withholding.

For instructions, see Internal Revenue Service form W-9 that is available at the Financial Institution.

Signature of Authorized Individual: X _____ Date: _____

Certificate of Authority and Company Resolutions:

The individuals indicated below and signing the Signature Card certify that the Company is organized, exists, and is duly authorized to transact business under the laws of the state in which it is located and its principal office is located at the address shown above.

The individuals indicated below and signing the Signature Card certify that all of the officer and Authorized Agents ("Agents") of the Company listed occupy the positions shown. The officers further represent and certify that the following resolutions were adopted at a duly convened meeting of the board of Directors or by other duly authorized action in lieu of a meeting and remain unmodified and in full force and effect:

- a. That the Agents listed herein are authorized and empowered to act for and on behalf of the Company's to carry out and perform transactions under the terms and conditions of the Agreement.
b. That the Financial Institution is directed to accept and pay without further inquiry any item, bearing the following appropriate number of signature(s), drawn against any of the Company's accounts with the Financial Institution.
c. That any one of such Agents is expressly authorized to endorse all checks, drafts, notes, and other items payable to or owned by the Company for deposit with the Financial Institution, or for collection or discount by the Financial Institution; and to accept drafts and other items payable at the Financial Institution.
d. That the authority given to the Agents shall remain in full force until written notice of revocation is delivered and received by the Financial Institution at each location where an account is maintained.
e. That the number shown above as the Company Tax Identification Number (TIN) is correct.

Signature of Authorized Signer: X _____ Date: _____

Signature of Corporate Secretary: X _____ Date: _____ (Corporation's Only)

Legal Name of Business:

Any one (1) of the following Authorized Signers may conduct any transaction allowed by Seacoast Commerce Bank related to each Account that is subject to this Master Signature Card. All personal information must be completed.

Signature X		
Printed Name	Title	Date of Birth
Social Security Number	Mothers Maiden Name	Birth Place
Primary ID and Number	Issue Date	Expiration Date

Signature X		
Printed Name	Title	Date of Birth
Social Security Number	Mothers Maiden Name	Birth Place
Primary ID and Number	Issue Date	Expiration Date

Signature X		
Printed Name	Title	Date of Birth
Social Security Number	Mothers Maiden Name	Birth Place
Primary ID and Number	Issue Date	Expiration Date

Signature X		
Printed Name	Title	Date of Birth
Social Security Number	Mothers Maiden Name	Birth Place
Primary ID and Number	Issue Date	Expiration Date

Signature X		
Printed Name	Title	Date of Birth
Social Security Number	Mothers Maiden Name	Birth Place
Primary ID and Number	Issue Date	Expiration Date

Signature X		
Printed Name	Title	Date of Birth
Social Security Number	Mothers Maiden Name	Birth Place
Primary ID and Number	Issue Date	Expiration Date

Legal Name of Business:

Accounts – Bank Use

Account Number	Subtitle (if any)		Account Type
Date Opened	Opened by	Approved by	Open Deposit Amt.
Date Closed	By	Reason	

Account Number	Subtitle (if any)		Account Type
Date Opened	Opened by	Approved by	Open Deposit Amt.
Date Closed	By	Reason	

Account Number	Subtitle (if any)		Account Type
Date Opened	Opened by	Approved by	Open Deposit Amt.
Date Closed	By	Reason	

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