



## CSAFE Checking Account Signature Card

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

Entity Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please accept this signature card as authorization to allow check writing privileges on the account(s) referenced above.

Authorized signers:

Name

Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1 or 2 signature(s) will be required on all checks. (please circle one)

Participant information contact:

**Indemnification:** By signing this form, the Participant is liable for all checks written on its account, authorized or unauthorized. The Participant shall indemnify and hold Colorado Surplus Asset Fund Trust (“CSAFE”) harmless from and against any and all claims, demands, damages, losses, liabilities and expenses (including, without limitation, reasonable attorney fees and court costs at trial or appeal) arising from; (a) any checking activity on a Participant account or (b) any act or omission from CSAFE arising out of CSAFE action or inaction taken pursuant to a request by a Participant. Participants should implement proper security procedures to safeguard the checks for each account. CSAFE does not guarantee the prevention of fraud or theft from a Participant account. In the event that a check drawn on a Participant account is presented for payment and insufficient funds are available in the account, the check will be returned to the payees’ bank, and CSAFE will charge the Participant account a fee of \$40.00 (per check).

\_\_\_\_\_  
Accepted

\_\_\_\_\_  
Date