

Resolutions for Acceptance of Treasury Management Services

	(the "Company")
I/we, the undersigned ("Undersigned"), herby certify to Montecito Bank the sole proprietorship, or the secretary of the corporation, or all the ge all the managers (if management is by the managers), or all the represent of the records and minutes of the	neral partners, or all the members (if management is by members), or
Company;	
WHEREAS, the following is a true and correct copy of Company Resolution partners (if a partnership), members/managers (if a limited liability Composite Company at a meeting held on the day of adopted by the written consent of a majority of those entitled or require are in full force and effect and have not been amended, modified or rep	pany), proprietor (if a sole proprietorship) or other governing authority, 20, at which a quorum was present and acting throughout, or ed to act to bind the Company, and that such Company Resolutions
WHEREAS, the Company has reviewed and approved the Montecito Bark which the Company agrees to be bound by the Montecito Bank & Trust Mapplicable Service Description, including any Supporting Documents, capply to the services designated by Company in the Acceptance (collect and between the Company and Montecito Bank & Trust ("Bank");	Master Treasury Management Services Agreement, together with each corresponding exhibits, schedules or attachments to the same, which
WHEREAS, defined terms in this document shall have the meaning provi	ded in the Acceptance, unless otherwise provided herein; and
WHEREAS, the Company has determined that it is in the best interests Services and subject to the terms and conditions of the Acceptance, as a	of the Company to enter into the Acceptance in connection with the amended from time to time.
NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:	
(a) The Company finds that it is in the best interest of the Company	y to enter into the Acceptance, as amended from time to time;
(b) The Company authorizes and appoints each of the officers of individually or together, to execute and deliver the Acceptance	of the Company and any authorized signer on the Accounts, acting ;
(c) Any one or more of the foregoing persons are authorized to supplements to the Acceptance, and to enter into such other ag determine to be appropriate, including amendments or suppler	negotiate terms and conditions of the Acceptance, amendments or reements, supplements and amendments as they individually or jointly ments; and
Bank is given formal written notice of the revocation of such au acts and deeds taken by any person referred to above shall be	on the actions of any person referred to above, until such time as the athority and the Bank has an opportunity to respond to the same. All deemed the act and deed of the Company for all purposes relating to or provided by the Bank to the Company under the Acceptance.
The Undersigned hereby certifies under penalty of perjury under the law legally adopted by the governing body of the Company and that said feffect:	s of the state of California that the forgoing resolutions were duly and Resolutions have not been revoked and are currently in full force and
Date:	Date:
Signature:	Signature:
Title:	Title:



Acceptance of Treasury Management Services

Client Name:

Part I - Certification	
New Acceptance Amendment No to existing Acceptance Treasury Management Services, originally —————	ance of dated:
Each amendment to this Acceptance will effectively supersede all prior versions of this Acceptance. Defined tendance the meaning provided in the Montecito Bank & Trust Master Treasury Management Services Agreeme applicable Service Description(s), unless otherwise defined herein.	
The person(s) signing ("Executive Representative(s)") this Acceptance of Treasury Management Services ("Acceptance on behalf of the company identified in the signature block of this Acceptance ("Client"), certifies on behalf of Client extent applicable, that:	
(a) Client agrees to be bound by the Montecito Bank & Trust Master Treasury Management Services Agre together with each applicable Service Description, including any Supporting Documents, corresp exhibits, schedules, enrollments, or attachments to the same, which apply to the services designated by in Part II of this Acceptance, and Client's use of any Service, including without limitation each Service tha commences using after the Effective Date of this Acceptance, confirms Client's agreement to be bound to Service Description relating to that Service;	onding / Client t Client
(b) The Client has received a copy of the Master Agreement together with each Service Description for v Service has been selected by Client below; and	which a
(c) The Executing Representative has full authority to execute this Acceptance on behalf of Client, and to en other agreements and Supporting Documents for the Services now or hereafter offered by Bank, and to a terminate or otherwise act on behalf of Client with respect to each Service used by Client.	
Part II – Service Options	
DESIGNATION OF MASTER TREASURY SERVICE OPTIONS.	
Client designates the following Service options (check all that apply):	
Business Online Banking Service Description. At this time, and subject to amendment by Bank, the Service Procedures include Client's logon username, password, and Security Codes. The Security Codes are prowhen Client attempts to log in from a new device, alternatively, Client may choose to require the Security with each log in attempt by not registering their browser or device. Check additional services that apply:	mpted
Wire Transfer Service (if checked, includes Client agreement to separate Wire Transfer Service Description Access to the Wire Transfer Service will be subject to enhanced Security Procedures. Refer to Security Procedures in the Wire Transfer Service Description, for the current sprocedures, as amended from time to time.	ction 6.
ACH Service (if checked, includes Client agreement to separate Automated Clearing House (ACH) Description). Access to the ACH Service will be subject to enhanced Security Procedures. Refer to 8. Security Procedures in the ACH Service Description, for the current security procedures, as an from time to time.	Section

ACH Small Business Service. Credit origination only. Maximum ceiling limit applies.
CheckCapture Service (if checked, includes Client's agreement to separate CheckCapture Service Description).
Positive Pay Service (if checked, includes Client's agreement to separate Positive Pay Service Description). Check all that apply:
Positive Pay Check
Positive Pay ACH
Commercial Center Service Description. At this time, and subject to amendment by Bank, the Security Procedures include the use of a Secure Browser and PIN. The PIN is prompted when Client attempts to log in to the Secure Browser.
Check additional services that apply:
Wire Transfer Service (if checked, includes Client agreement to separate Commercial Center Wire Transfer Service Description). Access to the Wire Transfer Service will be subject to enhanced Security Procedures. Refer to Section 6. Communications; Security Procedures in the Wire Transfer Service Description, for the current security procedures, as amended from time to time.
ACH Service (if checked, includes Client agreement to separate Commercial Center Automated Clearing House (ACH) Service Description). Access to the ACH Service will be subject to enhanced Security Procedures. Refer to Section 8. Security Procedures in the ACH Service Description, for the current security procedures, as amended from time to time.
CheckCapture Service (if checked, includes Client's agreement to separate CheckCapture Service Description).
Positive Pay Service (if checked, includes Client's agreement to separate Positive Pay Service Description). Check all that apply
Positive Pay Check
Positive Pay ACH
Multiple Party Access Service Description. Each Client: (i) acknowledges the list of clients named in attached Schedule A; (ii) designates all of its (his/her) current and future deposit and loan accounts maintained at Bank as "Accounts;" and (iii) expressly understands that the "Accounts" accessible pursuant to the Multiple Party Access Service Description will also include the Accounts of each Client identified in Schedule A.
Part III – Additional Terms & Signatures
Any addition, deletion or change to the Acceptance for any Service requested by Client must be submitted in a form acceptable to Bank, and no such requested addition, deletion or change will become operative or effective until Bank confirms to Client that such addition, deletion or change has been approved by Bank and implemented. The Acceptance may be signed in counterparts and transmitted by facsimile. If signed in two or more counterparts, each will be deemed an original, but such counterparts will constitute one instrument. The effectiveness of the Acceptance (or any related document) and any signatures shall, to the extent permitted by applicable law, have the same force and effect as manually-signed originals and shall be binding on all parties hereto. Bank may also require that the Acceptance (or any related document) be confirmed by a manually-signed original thereof; provided, however, that the failure to request or deliver the same shall not limit the effectiveness of any facsimile document or signature.
WITH THE EXCEPTION OF THE MULTIPLE PARTY ACCESS SERVICE DESCRIPTION WHICH (IF SELECTED ABOVE)

AGREES TO THE TERMS OF THIS ACCEPTANCE WITH BANK.

Agreed To and Accepted: ______ ("Effective Date")

CLIENT	MONTECITO BANK & TRUST		
(Multiple Clients): IF CHECKED, SIGNED AS DULY APPOINTED AGENT, AGREED TO AND ACCEPTED BY AND ON BEHALF OF EACH CLIENT LISTED UNDER LIST OF CLIENTS IN SCHEDULE A TO THIS ACCEPTANCE.			
Signature:	Signature:		
Printed Name:	Printed Name:		
Title:	Title:		
BANK USE ONLY (BRANCH/TREASURY):			
Date: (All documents provided are versions in e	ffect of this date)		
Resolutions Received: (Bank employee's initial)			
Service Descriptions Provided (Bank employee initial all that were provided):			
Master Treasury Management Services Agreement			
Business Online Banking Service Description			
Wire Transfer Service Description			
Automated Clearing House (ACH) Service Description			
CheckCapture Service Description			
Positive Pay Service Description			
Commercial Center Service Description			
Commercial Center Wire Transfer Service Description			
Commercial Center Automated Clearing House (ACH) Service Desc	ription		
Multiple Party Access Service Description			

Acceptance of Treasury Management Services Schedule A

By (Print Name and Title):* Signature:* Date Added: Date Removed: Client Name: TIN/SSN: Address: Phone: By (Print Name and Title):* Signature:* Date Added: Date Removed: Date Removed: Client Name: TIN/SSN: Address: Phone: Client Name and Title):* Signature:* Date Added: Date Removed: Client Name: TIN/SSN: Address: Phone: Client Name: TIN/SSN: Address: Date Added: Date Removed: Date Removed: Date Added: Date Removed:	Client Name:	TIN/SSN:	Address:		Phone:
Client Name: TIN/SSN: Address: Phone: By (Print Name and Title):* Client Name: TIN/SSN: Address: Phone: Date Added: Date Removed: Date Removed: Client Name and Title):* Date Added: Date Removed: Client Name and Title):* Date Added: Date Removed:					
Client Name: TIN/SSN: Address: Phone: By (Print Name and Title):* Client Name: TIN/SSN: Address: Phone: Date Added: Date Removed: Date Removed: Client Name and Title):* Date Added: Date Removed: Client Name and Title):* Date Added: Date Removed:					
By (Print Name and Title):* Client Name: TIN/SSN: Address: Date Added: Phone: By (Print Name and Title):* Date Added: Date Removed: Client Name: TIN/SSN: Address: Phone: Client Name: TIN/SSN: Address: Phone:	By (Print Name and Title):*	Signature:*		Date Added:	Date Removed:
By (Print Name and Title):* Client Name: TIN/SSN: Address: Date Added: Phone: By (Print Name and Title):* Date Added: Date Removed: Client Name: TIN/SSN: Address: Phone: Client Name: TIN/SSN: Address: Phone:					
By (Print Name and Title):* Client Name: TIN/SSN: Address: Date Added: Phone: By (Print Name and Title):* Date Added: Date Removed: Client Name: TIN/SSN: Address: Phone: Client Name: TIN/SSN: Address: Phone:					
By (Print Name and Title):* Client Name: TIN/SSN: Address: Phone: By (Print Name and Title):* Signature:* Date Added: Date Removed: Date Removed: Client Name: TIN/SSN: Address: Phone:					
Client Name: TIN/SSN: Address: Phone: By (Print Name and Title):* Signature:* Date Added: Date Removed: Client Name: TIN/SSN: Address: Phone:	Client Name:	TIN/SSN:	Address:		Phone:
Client Name: TIN/SSN: Address: Phone: By (Print Name and Title):* Signature:* Date Added: Date Removed: Client Name: TIN/SSN: Address: Phone:					
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By (Print Name and Title):* Signature:* Date Added: Date Removed: Client Name: TIN/SSN: Address: Phone:					
Client Name: TIN/SSN: Address: Phone:	Client Name:	TIN/SSN:	Address:		Phone:
Client Name: TIN/SSN: Address: Phone:					
Client Name: TIN/SSN: Address: Phone:					
	By (Print Name and Title):*	Signature:*		Date Added:	Date Removed:
By (Print Name and Title):* Signature:* Date Added: Date Removed:	Client Name:	TIN/SSN:	Address:		Phone:
By (Print Name and Title):* Signature:* Date Added: Date Removed:					
By (Print Name and Title):* Signature:* Date Added: Date Removed:					
	By (Print Name and Title):*	Signature:*		Date Added:	Date Removed:
	by (Frint Name and Title):"	Signature:*		Date Added:	Date Removed:

*Indicates field must be completed by each Client unless the "Multiple Clients" box on the Acceptance signature page was checked, indicating that the Acceptance has already been signed by and on behalf of each Client whose name is listed on this Schedule A. In such case, must only identify the name of the entity Client in the first field, together with the "TIN/SSN", "Address", "Phone", and date "Added" or "Removed," accordingly.



New Enrollment Designations

To enroll in Online Banking business services, please complete this form.

This form is for new enrollment only.

Cor	mpany Information:					
Cor	mpany Name:					
TIN	I/SSN:		Phone:			
Add	dress:	City:		State:	Zip:	
	signation of Charge Acco					
Clie	ent hereby designates the	following checking acc	ount for charge	s incurred by use o	of Services.	
	Charge Account	t Number		Account Type		
				Checking		
	signation of Company Adent hereby appoints and a	uthorizes the following	Administrator(s			
	Administrator Name	Email Address		Business Phone	Cell Phone	
1						
2						
3						
4						
5						
	ent Authorization: gnature:			Date:		
Pr	inted Name:					
Tit	tle:					