

**Attachment F: Appendix A - IDA**

Accompaniment to Umpqua Bank Remote Request Agreement.  
For Customers Requesting Wires and or Cashier's Checks Other than In Person

☐ New ☐ Amendment (supersedes all previous versions)

**Customer Information**

Name of Tax Reporting Owner or Organization ("CUSTOMER"):		Taxpayer identification number (TIN):	
Name of Authorized Customer Completing Form (if different than Tax Reporting Owner or Organization):			
Address (as shown on IBS Insight):	City:	State:	Zip:

**Authorization to initiate remote Wires and or Cashier's Check requests**

The individual(s) listed below are being authorized to initiate remote Wires and or Cashier's Check requests when the request is not made in person.

Name of Authorized Agent	Phone Number (Including area code)	Authorized Amt. Per Cashier's Check and or Wire	Initiate Request <sup>1</sup>		Confirm Request <sup>1</sup>	
			Y	N	Y	N
		<input type="checkbox"/> CC <input type="checkbox"/> Wire <input type="checkbox"/> Both \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> CC <input type="checkbox"/> Wire <input type="checkbox"/> Both \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> CC <input type="checkbox"/> Wire <input type="checkbox"/> Both \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> CC <input type="checkbox"/> Wire <input type="checkbox"/> Both \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> CC <input type="checkbox"/> Wire <input type="checkbox"/> Both \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> CC <input type="checkbox"/> Wire <input type="checkbox"/> Both \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> If the Initiate and/or Confirm Y/N boxes are not checked for an agent, Umpqua Bank assumes agent may initiate and confirm remote Wires and/or Cashier's Check requests on your behalf. If no dollar amount is assigned, Umpqua Bank assumes the agent may request up to the available balance in the account.

**Confirmation Code** \_\_\_\_\_

Revised Confirmation Code: <sup>2</sup>	Customer's initials authorizing change to Confirmation Code:
Date of Revision:	Bank Associate's initials:

<sup>2</sup> Confirmation Code may be revised one time only on this form. Subsequent changes to Confirmation Code require that a new *Appendix A* be completed.

**\*\*\*For Exception Approved Customers Only\*\*\***

<b>*Confirmation Code &amp; Initials:</b>	
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\*Upon receipt of fully completed Appendix A from customer, Umpqua Bank Associate handwrites Confirmation Code and Initials.

Except as otherwise noted herein, services are provided subject to the *Umpqua Bank Remote Request Agreement*, as may be amended from time to time. By signing below, Customer agrees and acknowledges that Customer is in receipt of, has read and agrees to the *Umpqua Bank Remote Request Agreement*, which is incorporated into this document by this reference, as it may be amended from time to time. Customer also agrees and acknowledges that these services are provided subject to the limitations on liability and indemnification provided to Umpqua Bank under the *Umpqua Bank Remote Request Agreement*.

**Customer Authorization\*****Bank Authorization**

X

Signature

Date

X

Signature

\_\_\_\_\_  
Name and Title (Please print or type)\_\_\_\_\_  
Name and Title (Please print or type)

\*If the undersigned will scan a copy of this Appendix A form to Umpqua Bank, the undersigned acknowledged that the scan is a true copy of the original Appendix A form and the undersigned's signature is his or her own.