

General Information - Primary Client		
Complete Legal Business Name MENDOCINO COAST HEALTH CARE DISTRICT		TIN 952627981
Reason for Request (choose all that apply):		
Add/Remove Account(s) <input type="checkbox"/>	Add/Remove Wire Type <input type="checkbox"/>	Limit Change <input checked="" type="checkbox"/>

List all accounts to be added or removed below					
Account Number	Add/Remove	Account Number	Add/Remove	Account Number	Add/Remove

Wire type(s) to be added or removed		Limit Change
USD	FX	New Limit Requested \$ 1,200,000.00

Billing Account Information
Please provide the account to be charged for any new fee(s) associated with this request N/A

Customer Authorization

X

Authorized Signature

Printed Name JAMES JADE TIPPETT

Date _____

Tri Counties Bank Representative

X

 Authorized Signature

Printed Name _____

Date _____