



TREASURER'S CHECK REQUEST FORM FOR LINE OF CREDIT

I authorize The Bancorp Bank, N.A. ("Bank") to make a one-time advance against my line of credit for the purchase of a treasurer's check as requested below. The treasurer's check will be mailed and interest will start to accrue the day the advance is made.

PART 1: Loan Account Information				
Loan Account Name			Loan Account Number	
PART 2: Payee Info	ormation			
Payable To			Total Amount	
Payee Address				
City	State	ZIP Code	Phone	
PART 3: Delivery I	nstructions			
Mail directly to Payee's a		2 above.		
Mail to address for my lin				
PART 4: Signature	— Required			
Signature of Authorized Account	Signer/Borrower		Date (mm/dd/yyyy)	
Print Name				
Please mail or fax this comple	eted form to:			
Kestra Loan Access, Attn: SBL 409 Silverside Road, Suite 105 Wilmington, DE 19809	Servicing			
Fax: 302.791.5610				

To protect your account information, please do not return this form by email, which may be unsecure.

TREASURER'S CHECK REQUEST FORM FOR LINE OF CREDIT

Page 2 of 2

FOR BANK USE ONLY

Approved by		Date (mm/dd/yyyy)
Approved by		Date (mm/dd/yyyy)
Signature Verification Completed:	Date (mm/dd/yyyy)	
Customer's Authorized Rep		
Call Back Verification Date/Time		Verification Completed by
Loan Control Number		
Loan Control Transfer Completed:	Date (mm/dd/yyyy)	
Check Number		Date Processed (mm/dd/vvvv)