

Attn: Deposit Operations  
 409 Silverside Road, Suite 105  
 Wilmington, DE 19809  
 P: 800.650.5904  
 F: 302.791.5680  
 www.advisorbank.com

The undersigned hereby authorizes \_\_\_\_\_, as the undersigned's agent for the limited purpose described herein ("Authorized Agent"), to obtain information about and view balances and transactions in the undersigned's account with The Bancorp Bank, in accordance with your terms and conditions for the undersigned's account.

You are authorized, upon request of the Authorized Agent, to provide information to the Authorized Agent about balances and transactions in the account, to the same extent that the undersigned could obtain such information. In addition, if at any time while this authorization remains in effect my Authorized Agent has access to account services through The Bancorp Bank TotalCash Manager system (the "Services") under the terms of a TotalCash Manager Customer Agreement governing my Authorized Agent's use of such Services (an "Account Access Agreement"), I authorize my Authorized Agent to view my account through the Services (the "View Only Services"), subject to the terms and conditions of the applicable Account Access Agreement. Nothing herein shall constitute authorization for the Authorized Agent to make deposits to or withdrawals from my account or execute other transactions relating to my account. I understand and agree that, with respect to the View Only Services, if used by my Authorized Agent with respect to my account, I and my account, as well as my Authorized Agent, shall be subject to the terms and conditions of the applicable Account Access Agreement, as though I had executed the applicable Account Access Agreement with respect to my account. I understand that the View Only Services involve electronic access to my account. I acknowledge that if I have so requested, I have been provided a form of the TotalCash Manager Customer Agreement.

This authorization and indemnity shall benefit you and your successors and assigns. This authorization shall apply to all accounts with you of the undersigned or in which the undersigned has an interest, whether previously opened, now open or opened in the future. All prior viewings by my Authorized Agent of, or delivery to my Authorized Agent of information about, my account are ratified in all respects.

The undersigned hereby agrees to indemnify and hold you harmless from and to pay you promptly on demand any and all losses arising from your actions in accordance with this authorization. This authorization and indemnity is in addition to and in no way limits or restricts any rights which you or my Authorized Agent may have under any other agreement or agreements between the undersigned and you. This authorization and indemnity is also a continuing one and shall remain in full force and effect until revoked by the undersigned by a written notice actually received by you at the above address, marked to the attention of Operations, but such revocation shall not affect your or my Authorized Agent's rights or my obligations relating to the period preceding such revocation.

### PART 1: Individual or Entity Account Holders

Account Holder Name:	Social Security #:
Account Holder Signature:	Date: (mm/dd/yyyy)
Joint Account Holder Name:	Social Security #:
Joint Account Holder Signature:	Date: (mm/dd/yyyy)

### PART 2: Entity Account Holders (Corporation, Partnership, Trust, Estate)

Name of Entity:	Authorized Officer Name:
TIN/EIN:	Date: (mm/dd/yyyy)
	Authorized Officer Signature:

### PART 3: Individual or Entity to Whom Authorization is Given:

Individual Name/Entity Name:	Signature of Individual or Entity Representative:
SSN/Fed ID#/TIN/EIN:	ID #:
Issued By:	Issue Date: (mm/dd/yyyy)
TotalCash Manager Company ID#:	ID Type:
	Exp. Date: (mm/dd/yyyy)

### PART 4: Approved by: (To Be Completed By Bank Officer)

Name:	Signature:	Date: (mm/dd/yyyy)
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