ADVISOR BANK

TheBancorp™

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 Information

Payable To

Total Amount

Payee Address

City

State

ZIP Code

Phone

PART 3: Delivery Instructions

◯ Mail directly to Payee's address listed in PART 2 above.

◯ Mail to address for my line of credit on file with the Bank.

PART 4: Signature — Required

Signature of Authorized Account Signer/Borrower

Date (mm/dd/yyyy)

Print Name

Please **mail or fax** this completed form to:

Advisor Bank, Attn: SBL Servicing
409 Silverside Road, Suite 105
Wilmington, DE 19809

Fax: 302.791.5610

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

Banking services provided by:
The Bancorp Bank, N.A. Member FDIC.
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TREASURER'S CHECK REQUEST FORM FOR LINE OF CREDIT

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/yyyy)

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