NewOmniBank

TIME CERTIFICATE OF DEPOSIT MODIFICATION AUTHORIZATION

Date: _____   Account Number: _____

Account Name: _____

I. Renewal Change			
Current Term		**New Term**	
Current Maturity Date		**New Maturity Date**	
Additional Information			

By signing below, I acknowledge receiving a copy of the account disclosure for the new account product.

_____ _____   _____ _____
Authorized Signature   Date   Authorized Signature   Date

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II. Interest Payment Authorization			
Payment Frequency	Monthly Quarterly At Maturity	Annually (*required for TCD term longer than 12 months*)	
Payment Method			
a. Add to Account at Maturity (*Term less than 12 months*)			
b. Credit to Another NOB Account		Account Number	
c. Authorization to Credit to the Following Account via ACH			
Depository Bank Name			
Routing Number		Account Number	
Account Type	Checking Savings		

To receive interest payment(s) via ACH Automatic Deposit, I (we) understand that this authorization will remain in full force and effect until I (we) notify New Omni Bank, N.A. in writing by mail to 1235 South Garfield Avenue, Alhambra, CA 91801 that I (we) wish to revoke this authorization or close my (our) account. I (we) understand that New Omni Bank, N.A. requires at least ten (10) days prior notice in order to cancel this authorization. I hereby authorize New Omni Bank, N.A. to electronically credit my (our) account and, if necessary, to electronically debit my (our) account to correct erroneous credits. I (we) ratify such instructions and agree that the Bank will not be liable for any loss, liability, cost, or expense for acting upon my (our) instruction. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

_____ _____   _____ _____
Authorized Signature   Date   Authorized Signature   Date

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For Bank Use Only: Requests may be accepted by Phone, Secured Email, or Fax with positive identity verified. Customer authorization is required for ACH interest transfer.

	Instruction Received	In Person	By Phone	By Email	By Fax
Employee Received and Verified Customer Identification (and/or Signature)					
		Employee Name (Print & Sign)			Date
System Changed By		Approved By		Call Back By	