



Letter of Authority for Collecting Replacement EastWest Debit Card/s

Account Name/s: _____

Account Number: _____

Dear Store Manager,

I / We hereby authorize (name of representative) _____ to act for and on my / our behalf for the release of my / our replacement EastWest Debit Card/s with EMV & payWave on (date) _____ and to comply with the requirements of EastWest Bank relative to this request.

As proof of identity of my / our representative, attached is a copy of his / her valid ID with photo and signature which you may refer to subject to his / her presentation of the original ID for validation.

You may contact me / us at (telephone / mobile number) _____ to clarify any issue or for account verification.

I am / we are aware that the replacement EastWest Debit Card/s I am / we are requesting to be collected by my / our authorized representative on my / our behalf is / are already active, and, as such, should there be unauthorized transactions upon release of my / our EastWest Debit Card/s to my / our representative, I / we will not hold EastWest Bank liable for the said transaction/s.

Thank you.

Sincerely,

Signature above printed name of depositor

Signature above printed name of authorized representative

Signature above printed name of co-depositor, if applicable

Signature/s authenticated / verified by:

Signature above printed name of store personnel