

eSolutions by Pathfinder
Business Authorization Letter

Date

We the undersigned acknowledge that _____ will be the
Administrator for our eSolutions by Pathfinder account.

We understand that Pathfinder Bank shall be held harmless of any liability for the users we choose to set up via our online banking account. If the administrator we have chosen should no longer have online banking access, it will be our responsibility to notify Pathfinder Bank and have them removed.

Sincerely,

Authorized Signer

Authorized Signer

Authorized Signer

Authorized Signer

Authorized Signer

Authorized Signer