

## Authorization Designation

NEW       UPDATE      DATE: \_\_\_\_\_      Member/Account Number: \_\_\_\_\_

Location of principal office \_\_\_\_\_ ("Business/Organization")

**MEMBER/ACCOUNT OWNER INFORMATION**

BUSINESS \_\_\_\_\_ MEMBER/ACCOUNT NUMBER \_\_\_\_\_ OTHER TRADE OR D/B/A NAMES \_\_\_\_\_

- Corporation       LLC (Limited Liability Company)       Partnership:       Unincorporated Organization/ Association/Club/Donation  
 Sole Proprietorship       General       Limited/Limited Liability       Other: \_\_\_\_\_

### ADOPTION BY VOTE OF GOVERNING MEMBERS

Note: Do not execute this section if organized as a sole proprietorship, partnership or limited liability company. The undersigned certifies that he/she is the custodian of the corporate seal (if any) and of the minutes and records of the above named Business/Organization and has been authorized and directed to certify to the Credit Union that the following attached documents are true and correct copies of resolutions and agreements duly adopted by a vote of the governing members of the Business/Organization in accordance with the law and, as applicable, the Articles of Incorporation, Bylaws or Code of Regulations, Constitution, Charter and/or rules of the Business/Organization; and that such resolutions have not been withdrawn or changed; and that all of the information provided above is true.

**X** \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Signature      Title      Date

### ADOPTION BY UNANIMOUS WRITTEN CONSENT OF GOVERNING MEMBERS

The undersigned adopt on behalf of the Business/Organization the following attached resolutions and agree to all actions directed therein. The death or withdrawal of any person signed below shall not constitute a revocation of any authority granted by such resolutions until the Credit Union is notified in writing of such death and the extent of any resulting revocation. Furthermore, the undersigned certify(ies) that he/she/they constitute(s) all of the members vested with authority to make decisions on behalf of the Business/Organization and that no member with decision making authority has been omitted; that they are authorized to adopt resolutions by unanimous written consent; that all of the information provided above is true; that attached are true and correct copies of resolutions adopted by this unanimous written consent; that adoption of these resolutions is in accordance with the law and, as applicable, the Articles of Incorporation, Bylaws or Code of Regulations, Constitution, Charter and/or rules of the Business/Organization; and that such resolutions have not been withdrawn or changed.

Name (print)	<b>X</b>	
	Signature	Date
Name (print)	<b>X</b>	
	Signature	Date
Name (print)	<b>X</b>	
	Signature	Date
Name (print)	<b>X</b>	
	Signature	Date
Name (print)	<b>X</b>	
	Signature	Date

**Execute one section only.**

**Authorization for Share/Deposit Accounts**

WHEREAS on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, it has been determined that it is in the best interest of Business/Organization to establish a membership in and depository relationship with \_\_\_\_\_ ("Credit Union").

WHEREAS Business/Organization has considered the terms of the Business Membership and Account Agreement governing accounts established at Credit Union.

NOW, THEREFORE, BE IT RESOLVED AND AGREED, that the Credit Union is hereby designated as a depository of funds belonging to the Business/Organization;

BE IT FURTHER RESOLVED AND AGREED, that the person(s) designated below is (are) designated as an Authorized Person to establish a depository relationship with Credit Union and is (are) authorized to from time to time open one or more share or deposit account(s) of any type. It is distinctly agreed and understood that the designated Authorized Person(s) is (are) vested with all power and authority described for an Authorized Person in the Business Membership and Account Agreement.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union will be notified promptly and in writing of any change of the Authorized Person(s) identified below, or any change in the ownership, legal structure, or management of the business/organization and upon any dissolution or bankruptcy of the Business/Organization.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union may rely on any actual or facsimile signature that reasonably resembles the facsimile or specimen signature of an Authorized Person provided below, in the exercise of any powers granted by the Business Membership and Account Agreement until notified in writing of a change; that the Credit Union shall not be held liable for refusing to honor any signature where the Business/Organization has not provided to the Credit Union a specimen thereof; that the Business/Organization holds the Credit Union harmless from and agrees to indemnify the Credit Union for all claims, demands, losses, costs, damages or expenses including reasonable attorney's fees suffered or incurred by the Credit Union resulting from payments and disbursements made or any other actions the Credit Union takes in good faith in reliance on the actual or facsimile signatures of an Authorized Person, provided that when a signature is required to exercise the authority described in the Business Membership and Account Agreement, the signature of at least one Authorized Person(s) with respect to share or deposit accounts must appear on the appropriate document.

**AUTHORIZED SIGNER INFORMATION**

AUTHORIZED SIGNER	BIRTHDATE	SSN/TIN
DRIVER'S LICENSE/PERSONAL ID NO(S)	STATE ISSUED	ISSUANCE DATE
EXPIRATION DATE		
HOME ADDRESS		
HOME PHONE	CELL PHONE	BUSINESS PHONE
QUALIFILE		

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EXPIRATION DATE		
HOME ADDRESS		
HOME PHONE	CELL PHONE	BUSINESS PHONE
QUALIFILE		

**X** \_\_\_\_\_

SIGNATURE DATE

**X** \_\_\_\_\_

SIGNATURE DATE

**X** \_\_\_\_\_

SIGNATURE DATE

**X** \_\_\_\_\_

SIGNATURE DATE