

Authorization Designation

Member/Account Number: _____

_____ ("Business/Organization")

Location of principal office _____

State of organization (if applicable) _____

FORM OF ORGANIZATION

Type of Entity:	<input type="checkbox"/> C Corporation	<input type="checkbox"/> LLC (Limited Liability Company)	<input type="checkbox"/> Partnership:	<input type="checkbox"/> Unincorporated Organization
	<input type="checkbox"/> S Corporation	Select Tax Classification:	<input type="checkbox"/> General	<input type="checkbox"/> Association/Club
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> C = C Corporation	<input type="checkbox"/> Limited	<input type="checkbox"/> Trust/Estate
		<input type="checkbox"/> S = S Corporation	<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> P = Partnership		

The following authorizations are attached to and are a part of this document:

<input type="checkbox"/> Authorization for Share/Deposit Accounts	<input type="checkbox"/> Authorization for Borrowing
Dated: _____	Dated: _____

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Regulations, Constitution, Charter and/or rules of the Business/Organization; and that such resolutions have not been withdrawn or changed; and that all of the information provided above is true.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.

_____	X	_____
Name (print)	Signature	Date
_____	X	_____
Name (print)	Signature	Date
_____	X	_____
Name (print)	Signature	Date
_____	X	_____
Name (print)	Signature	Date
_____	X	_____
Name (print)	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 _____ Authorized Person(s) with respect to share or deposit accounts must appear on the appropriate document. **(The signature of only one (1) Authorized Signer is required if the foregoing blank is not completed.)**

Authorized Person(s) for Share/Deposit Accounts

<hr/> Name (print)	<hr/> Title	X _____ Facsimile/Specimen Signature Authority: <input type="checkbox"/> No Limit <input type="checkbox"/> Limited to: _____
<hr/> Name (print)	<hr/> Title	X _____ Facsimile/Specimen Signature Authority: <input type="checkbox"/> No Limit <input type="checkbox"/> Limited to: _____
<hr/> Name (print)	<hr/> Title	X _____ Facsimile/Specimen Signature Authority: <input type="checkbox"/> No Limit <input type="checkbox"/> Limited to: _____
<hr/> Name (print)	<hr/> Title	X _____ Facsimile/Specimen Signature Authority: <input type="checkbox"/> No Limit <input type="checkbox"/> Limited to: _____

BE IT FURTHER RESOLVED AND AGREED, that as noted below, this Authorization for Share/Deposit Accounts:

- Is the first Authorization for Share/Deposit Accounts presented to the Credit Union.
- Expressly revokes and replaces any and all prior Authorizations for Share/Deposit Accounts adopted by the Business/Organization and presented to the Credit Union.
- Supplements any and all prior Authorizations for Share/Deposit Accounts adopted by the Business/Organization and presented to the Credit Union.

(If none of the above boxes are checked the Credit Union may assume that this document revokes and replaces any and all prior Authorizations for Share/Deposit Accounts that may be on file.)

AUTHORIZED PERSON(S) FOR SHARE/DEPOSIT ACCOUNT WORKSHEET

Copy Principal Contact:	Add to Symitar	Remove
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First Name:	Middle Name:	Last Name:
Position:		SSN/TIN:
Driver's License:	State Issued:	
Issuance Date:	Expiration Date:	
Address/Street:		
City:	State:	Zipcode:
Home Phone:	Cell Phone:	Business Phone:
Birthdate:		

Account Limits:

Copy Principal Contact:	Add to Symitar	Remove
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First Name:	Middle Name:	Last Name:
Position:		SSN/TIN:
Driver's License:	State Issued:	
Issuance Date:	Expiration Date:	
Address/Street:		
City:	State:	Zipcode:
Home Phone:	Cell Phone:	Business Phone:
Birthdate:		

Account Limits:

Copy Principal Contact:	Add to Symitar	Remove
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First Name:	Middle Name:	Last Name:
Position:		SSN/TIN:
Driver's License:	State Issued:	
Issuance Date:	Expiration Date:	
Address/Street:		
City:	State:	Zipcode:
Home Phone:	Cell Phone:	Business Phone:
Birthdate:		

Account Limits:

Copy Principal Contact:	Add to Symitar	Remove
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First Name:	Middle Name:	Last Name:
Position:		SSN/TIN:
Driver's License:	State Issued:	
Issuance Date:	Expiration Date:	
Address/Street:		
City:	State:	Zipcode:
Home Phone:	Cell Phone:	Business Phone:
Birthdate:		

Account Limits: