

	Member Number			
Business / Organization Name				
Address of Main Office				
Legal Entity Classification				
□ Sole Proprietorship	☐ Unincorporated Club/Association			
☐ Partnership	☐ Unincorporated Club/Association☐ Trust			
□ Farthership □ General				
	□ Other			
☐ Limited Liability				
□ C Corporation				
☐ S Corporation				
□ Limited Liability Company				
**Only execute this section if organize	ed as a Sole Proprietorship, Partnership or LLC			
	nous Written Consent of Governing Individua	lc		
<u> </u>	he business or organization the attached resolution			
	withdrawal or death of any of the undersigned doe	_		
	redit Union is notified in writing. The undersigned of			
•	ed to make decisions on behalf of the business or c	•		
•	undersigned are authorized to act by unanimous w	•		
	ocument is true. Adoption of this resolution is in ac			
-	ion, Bylaws, Charter and Constitution of the busine			
		SS OF Organization		
and with the understanding that the r	esolutions have not been withdrawn or changed.			
Printed Name	Signature	Date		
Printed Name	Signature	Date		
Printed Name	Signature	Date		
Printed Name	Signature	Date		
**Do not execute this section if organ	nized as a Sole Proprietorship, Partnership or LLC			
	option by Vote of Governing Members			
	e the holder of the corporate seal (if applicable) and	d of the meeting		
· · · · · · · · · · · · · · · · · · ·	or organization and is authorized and directed to ce	_		
	s are true copies of the correct resolutions and agre			
	pted by a vote of the governing members of the bu			
resolutions and agreements were add	pled by a vole of the governing members of the bu			
	Articles of Incorporation Dulawa Code of Degulati	siness or		
organization according to the law and	Articles of Incorporation, Bylaws, Code of Regulation	siness or ons, Constitution,		
organization according to the law and Charter and or rules of the business o	r organization with the understanding that the reso	siness or ons, Constitution,		
organization according to the law and	r organization with the understanding that the reso	siness or ons, Constitution,		

Deposit Account Authorization has considered and agrees to the Credit Union's Terms and Conditions/Account Agreement for Business Accounts and is establishing a membership. The individuals designated below are authorized to establish a deposit account relationship with the Credit Union and are authorized pursuant to the activities listed. It is understood that the individuals are vested with the power and authority as described in the Account Agreement as Authorized Person(s). The authorized individuals agree to notify the Credit Union in writing of any changes of Authorized Individual(s) listed below, or any change to ownership, legal structure or management including the dissolution or bankruptcy of the business or organization. The Credit Union may accept any actual or facsimile signature that reasonably resembles the speciman provided by the business or organization in any powers granted by the Business Account Terms and Conditions/Account Agreement. The Credit Union will not be liable for refusing to honor any signature that the business or organization has not provided a specimen of. The business or organization holds the Credit Union harmless from and agrees to indemnify the Credit Union for all claims, suits, losses, damages or expenses including legal fees incurred by the Credit Union as a result of payments of disbursements made or any other actions the Credit Union takes in good faith based on an actual or facsimile signtaure of an authorized individual when it is required pursuant to the Business Account Terms and Conditions/Account Agreement. The signature of at least _____ Authorized Individual with respect to deposit accounts must appear on the appropriate documents. The signature of one (1) Authorized Signer is required if the foregoing **Authorized Individual(s) for Deposit Accounts** Title Printed Name **Authority** \square Unlimited ☐ Limited to Title rinted Name Signature **Authority** \square Unlimited ☐ Limited to Title Signature rinted Name **Authority** \square Unlimited ☐ Limited to

☐ This is the first Authorization presented to the Cred

☐ This Authorization revokes and replaces all previous Authorizations presented to the Credit Union

Title

Authority \square Unlimited

☐ Limited to

☐ This Authorization supplements any and all previous Authorizations presented to the Credit Union