

US Federal Credit Union Resolution of Authority

Please print and sign below.

Account Ownership:

- Sole Proprietorship
- Partnership
- Corporation
- LLC
- Non-Profit Organization

The undersigned certifies that they are the _____ of _____
(title) (company name)
 organized under the state laws of _____, Federal Tax ID# _____
 hereafter known as the company, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of
 the company duly called and held on _____.
(date)

Please list all authorized signers for the account:

A.	Full name	Title	Signature	ID information (SS# or DL#)
B.	Full name	Title	Signature	ID information (SS# or DL#)
C.	Full name	Title	Signature	ID information (SS# or DL#)
D.	Full name	Title	Signature	ID information (SS# or DL#)

Powers Granted (Grant one or more power(s) to any or all authorized signer(s) by circling the letter corresponding to their name(s) above.)

Circle all that apply:	Description of Power	Indicate minimum number of signatures required.
1. A B C D	Exercise <u>all</u> of the powers listed below.	_____
2. A B C D	Open any deposit or share accounts in the name of the company.	_____
3. A B C D	Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this financial institution.	_____
4. A B C D	Borrow money on behalf and in the name of the company, sign, execute and deliver promissory notes or other evidence of indebtedness.	_____
5. A B C D	Endorse, assign, transfer, mortgage or pledge bills receivable warehouse receipts, bills of lading, stocks, bonds, and real estate or other property now owned or hereafter owned or acquired by the company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
6. A B C D	Other _____	_____

Limitations on Powers. The following are the company's express limitations on the powers granted under this resolution:

Effect on previous resolutions. This resolution replaces resolution dated _____. If left blank, all resolutions remain in effect.

Certificate of Authority

I further certify that the Board of Directors (or governing body) of the company has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same.

X	Authorized Signer Signature (Required)	Title	Date	X	Authorized Signer Signature (Required)	Title	Date