

GENERAL PARTNERSHIP AUTHORIZATION RESOLUTION

APPLIES TO: ___ ALL ACCOUNTS ___ SPECIFIED ACCOUNTS (See Addendum)

The undersigned ("Partners") certify that they are the only partners or owners of _____ (name of Partnership if a DBA), a General Partnership ("Partnership") organized under the laws of _____ (state), Tax Identification Number _____, and that the resolutions on this document are a true and correct copy of the resolutions adopted at a meeting of the Partners held on _____ (date of meeting).

BE IT RESOLVED THAT, the Partners appoint _____, _____, _____, and _____ [Authorized Signer(s)] to exercise the powers listed below:

- (1) Open, close, maintain, and operate a savings, checking, share certificate or money market account at Purdue Federal Credit Union ("Purdue Federal");
- (2) Endorse and deposit checks and orders for the payment of money or otherwise, and to sign checks or orders for payment of money, withdraw or transfer funds in the Partnership's accounts at Purdue Federal;
- (3) Enter into and execute any preauthorized electronic transfer agreements for automatic withdrawals or transfers initiated through an ATM, point-of-sale terminal, telephone, computer using an access device like a debit card, code, or similar means; and
- (4) Enter into and execute wire transfer agreements that authorize transfers by telephone or other communication systems permitted by Purdue Federal.
- (5) Enter into and execute payment services agreements that allow for electronic bill payment and other electronic transfer services provided by the credit union;
- (6) If eligible per credit union policies, enable this business account to be connected via online digital banking to other accounts held at the credit union.
- (7) Register the business to use online digital banking, so long as such Authorized Signer is either the owner of the business, a beneficial owner, or the controlling manager of the business (as set forth below).

BE IT RESOLVED THAT, the Partners further appoint _____ and _____ to have the authority to do the following:

- (8) Borrow money on behalf and in the name of the Partnership, sign, execute and deliver promissory notes or other evidences of indebtedness; request credit cards; and
- (9) Enter into a lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box at Purdue Federal.

BE IT RESOLVED THAT, the Partners certify the following information for each individual who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25 percent or more of the equity interests of the Partnership listed above. (If Partnership has Partners that are other business entities, you must drill down to individual ownership level.)

NAME	BIRTH DATE	ADDRESS	Ownership %	FOR U.S. PERSONS	FOR FOREIGN PERSONS
				Social Security #	Passport # and Country of Issuance or Other Similar Foreign Country Issued Identification Document

BE IT RESOLVED THAT, the Partners certify the following information for one individual with significant responsibility for managing the Partnership (can be the same as a person listed above for ownership, or can be an executive officer or senior manager).

NAME	BIRTH DATE	ADDRESS	FOR U.S. PERSONS	FOR FOREIGN PERSONS
			Social Security #	Passport # and Country of Issuance or Other Similar Foreign Country Issued Identification Document

BE IT RESOLVED THAT, this resolution shall continue to have effect until express written notice of its rescission or modification has been received by Purdue Federal. Any revocation, modification or replacement of a resolution must be accompanied by documentation satisfactory to Purdue Federal, establishing the authority for the changes.

BE IT RESOLVED THAT, all transactions, if any, with respect to any deposits, withdrawals and borrowings by or on behalf of said Partnership with Purdue Federal prior to the adoption of this resolution are hereby ratified, approved and confirmed.

BE IT RESOLVED THAT, should the Partnership change entity form or ownership, the undersigned shall promptly notify Purdue Federal in writing.



PO Box 1950
West Lafayette, IN 47996
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PURDUEFED.COM

All Partners must sign:

Signature: _____

Name: _____

Title: Partner

Dated: _____

Signature: _____

Name: _____

Title: Partner

Dated: _____

Signature: _____

Name: _____

Title: Partner

Dated: _____

Signature: _____

Name: _____

Title: Partner

Dated: _____

Signature: _____

Name: _____

Title: Partner

Dated: _____

Signature: _____

Name: _____

Title: Partner

Dated: _____

The authority provided on this Resolution applies to the following accounts:

Account Number

**If more room is needed, complete second Addendum and attach.*