

**INFORMAL ASSOCIATION, ORGANIZATION OR CLUB AUTHORIZATION RESOLUTION**

<b>APPLIES TO:</b>	<b>ALL ACCOUNTS</b>	<b>SPECIFIED ACCOUNTS (See Addendum)</b>
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I certify that I am the Secretary of \_\_\_\_\_ (name of association, organization, or club) (“ORG”), which is not organized as a legal entity, 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 Board of Directors of the ORG held on \_\_\_\_\_ (date of meeting).

BE IT RESOLVED THAT, the Board of Directors of the ORG 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 ORG’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 ORG.
- (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 Board of Directors of the ORG further appoint, \_\_\_\_\_ and \_\_\_\_\_ to have the authority to do the following:

- (8) Borrow money on behalf and in the name of the ORG, 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 Board of Directors of the ORG certify the following information for one individual with significant responsibility for managing the ORG. (Can be the same as a signer listed above, 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 ORG with Purdue Federal prior to the adoption of this resolution are hereby ratified, approved and confirmed.

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

**CERTIFICATION OF AUTHORITY**

I further certify that the Board of Directors of ORG has, and at the time of adoption of the above resolution had, full power and lawful authority to adopt the resolutions and confer the powers granted above to the person named who have full power and lawful authority to exercise the same.

In witness whereof, I have subscribed my name to this document.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: Secretary

Dated: \_\_\_\_\_

**ATTEST BY ONE OTHER OFFICER**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Dated: \_\_\_\_\_

## ADDENDUM

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

Account Number

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