



**Business Account Resolution for
Depository Authorization**

Business Name: _____

Account Number: _____ TIN/EIN: _____

Type of Business: *Check one:*

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Doing Business As (DBA) | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership/Limited Partnership (LP)/
Limited Liability Partnership (LLP) |

I/We, the undersigned, **DO HEREBY REPRESENT AND WARRANT** that the information provided on this Resolution, and any attachments, is true and correct and duly adopted, and has not been altered, amended or rescinded by the governing body of the Business, having full power and lawful authority to do so, and are now in full force and effect.

RESOLVED, that

- Northwest Federal Credit Union (hereinafter referred to as "NWFCU") is designated as a financial institution for the Business for the purposes of providing depository and other financial services, as indicated in this Resolution.
- The Business agrees to all agreements, disclosures, and terms and conditions applicable to the Business' account(s) with NWFCU that are in effect now and as may be amended.
- All owners of the business are granted full powers to the accounts.
- The following persons are authorized to exercise the powers granted in Section 5, below:

Name & Title or Position (Print or Type)	Signatures	Facsimile Signatures (if used)
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____
E. _____	_____	_____
F. _____	_____	_____

- Powers Granted: Attach one or more authorized signers to a power by placing the letter corresponding to their name on the line before each power.

**Indicate A, B, C,
D, E and/or F**

Description of Power

- | | |
|-------|---|
| _____ | 1. Exercise all powers listed in this Resolution, including any and all power(s) described in 9, below. |
| _____ | 2. Open any savings or checking account(s) in the name of the Business. |
| _____ | 3. To apply to NWFCU for credit (including credit cards), to borrow money, with or without security, and to access any overdraft lines of credit. |
| _____ | 4. To contract for any services offered by NWFCU, including without limitation electronic account access, safe deposit box rental, and management services. |
| _____ | 5. To submit for deposit and/or collection for the account of this Business all checks, drafts, notes or other instruments for the payment of money. The Business acknowledges and agrees that NWFCU may accept such instruments, whether or not endorsed by the Business, without inquiry as to the circumstances of the endorsement or lack thereof, it being understood that each such instrument shall be deemed to be unqualifiedly endorsed by this Business. |
| _____ | 6. To sign checks, drafts or other orders with respect to any funds to the credit of this Business, including checks, drafts or orders in favor of any individual designated above, and to issue stop payment instructions with reference to such instruments. |
| _____ | 7. To make withdrawals or transfers of funds from the Business' account(s), and to transfer funds between such accounts, by any means authorized by NWFCU, including without limitation use of a negotiable instrument, voucher, debit or credit card, terminal or other electronic or telephone device, including such as may cause overdrafts. |
| _____ | 8. To conduct any and all other lawful business with NWFCU. |
| _____ | 9. Other: _____ |

6. The signature of an authorized signer is conclusive evidence of their authority to act on behalf of the Business. Provided they act in their capacity as a representative of the Business, an authorized signer may from time to time make any and all other contracts, agreements, stipulations and orders with NWFCU they deem advisable for the effective exercise of the powers indicated in Section 4, subject to any restrictions on this Resolution or otherwise agreed in writing.
7. All transactions with NWFCU, if any, by or on behalf of the Business prior to the adoption of this Resolution are hereby ratified, approved and confirmed.
8. The Business acknowledges that any joint signature designation indicated in Section 4 is a statement of its own internal policy and not a service offered by NWFCU.
9. If a facsimile signature specimen has been provided on this Resolution, or is filed separately with NWFCU, the Business acknowledges and agrees that NWFCU may treat the facsimile signature as the signature of the authorized signer regardless of by whom or by what means the facsimile signature may have been affixed provided it resembles the facsimile signature specimen on file. NWFCU shall have no responsibility or liability for unauthorized use of a facsimile signature unless otherwise agreed in writing.
10. Should there be a change or restructuring in the ownership or officers of the Business in any way, the Business is obligated to promptly notify NWFCU. In the event NWFCU is not notified of such change, the Business shall remain fully liable in accordance with the terms of this Resolution and all agreements, disclosures, and terms and conditions applicable to the Business' account(s) with NWFCU.
11. This Resolution shall remain in full force and effect until NWFCU receives and records express written notice of its amendment or rescission. Any and all resolutions previously adopted and certified by the Business remain in full force and effect provided NWFCU has not received and recorded express written notice of its revocation, modification or replacement. Documentation, satisfactory to NWFCU, establishing the authority for the changes must accompany any revocation, modification or replacement of a resolution.

This Resolution replaces and supersedes resolution dated _____. *(If not completed, all resolutions remain in full force and effect.)*

I/WE FURTHER CERTIFY that the signatures and/or facsimile signatures appearing above and on NWFCU's signature card are those of the authorized signers designated above and that each said individual is legally empowered, in accordance with the organizational documents of the Business, to exercise the authority provided for in this Resolution.

IN WITNESS WHEREOF, on this day I have subscribed my name and affixed the seal of the Business (if applicable).

Signature

Signature

Printed Name

Printed Name

Title or Position

Title or Position

Date

Date

CREDIT UNION USE ONLY

Date Received: _____ Branch ID: _____ CU Rep: _____