

Resolution of Authority

I/We, _____, certify that I/we am/are:

- Pick One Secretary
Pick One General/Managing Partner(s)
Pick One Owner/Member
Pick One Authorized Officer of _____ (the "business"), a
- Pick One Corporation Sole Proprietorship Association Club
Pick One Partnership Limited Liability Company Nonprofit Organization
Pick One Other

doing business in _____ and I further certify that the following is a correct copy of a resolution that this business, having full power and lawful authority to do so, has duly adopted and has not rescinded or modified.

Be it resolved that:

- 1) Cincinnati Ohio Police FCU (the "Credit Union") is designated as a depository for the funds of this business.
- 2) This resolution shall continue in full force and effect until express written notice of its rescission or modification has been received and recorded by the Credit Union and the Credit Union shall be indemnified and held harmless from any loss suffered or liability incurred, including reasonable attorney's fees, in continuing to act in pursuance of this resolution. Any such notice shall not affect any items in process at the time the notice is given.
- 3) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of this business with the Credit Union prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- 4) Any of the persons named below, so long as they act in a representative capacity as agents of this business are authorized to make any and all other contracts, agreements, stipulations and orders which they, may deem advisable, from time to time with the Credit Union, concerning funds deposited with the Credit Union, subject to any restrictions stated below.
- 5) The Credit Union is directed to accept and pay without further inquiry any item bearing the signature of any one Authorized Signer noted on the Business Account Authorization Card drawn against any of the business accounts.
- 6) Any and all resolutions duly adopted by this business and certified to the Credit Union as governing the operation of this business' account(s) are in full force and effect, unless revoked, modified or supplemented by this authorization.
- 7) This business agrees to the terms and conditions of any authorized representative(s) of this business, and authorizes the Credit Union, at any time, to charge this business for all checks, drafts and orders for the payment of money that are drawn on the Credit Union, regardless of by whom or by what means the facsimile signature(s), if any, may have been affixed so long as they resemble the facsimile signatures appearing below (or filed with the Credit Union from time to time) and contain the required number of signatures for this purpose.
- 8) If this business is a partnership or sole proprietorship, if the ownership of the business is changed or restructured in any way, this business shall promptly notify the Credit Union. In the event the ownership is changed in any way without notification to the Credit Union of that fact, this business shall remain fully liable in accordance with the terms of this authorization and any account agreements.
- 9) The person(s) listed below comprise(s) the exclusive list of authorized person(s) for this account.
 The person(s) listed below, if any, in addition to those person(s) named in the separate written document dated _____ on file with the Credit Union comprise(s) the exclusive list of authorized person(s) for this account.
- 10) Any person listed below (subject to any restrictions indicated) is authorized to:
 - (a) Open any deposit or share account(s) in the name of this business.
 - (b) Endorse checks, share drafts and orders for the payment of money and withdraw funds on deposit with the Credit Union. The number of authorized signatures required for this purpose is one (1).
 - (c) Make other agreements, stipulations and orders which they may deem advisable, from time to time, with the Credit Union concerning funds deposited or withdrawn or any other business concerning this account transacted by and between this business and the Credit Union including for example request payroll deposit/direct deposit, overdraft protection, an ATM card, Debit card, subject to any restrictions contained herein.

Resolution of Authority

Authorized Signers:			
(Please Print) Signer's Name	Title (If Any)	Signature	Social Security #
(1) _____	_____	_____	_____
Signer's Home Address _____			Signer's DOB _____
(2) _____	_____	_____	_____
Signer's Home Address _____			Signer's DOB _____
(3) _____	_____	_____	_____
Signer's Home Address _____			Signer's DOB _____
(4) _____	_____	_____	_____
Signer's Home Address _____			Signer's DOB _____
(5) _____	_____	_____	_____
Signer's Home Address _____			Signer's DOB _____

In Witness Whereof, the undersigned having full power and authority to execute this Resolution of Authority on behalf of the Business has signed this Resolution of Authority on the _____ Day of _____, 20__.

 Attest by one other Officer or Partner

 Signature

or

 Signature

 Witness

 Signature