



**Business Account Resolution for
Depository Authorization**

Business Name: _____

Account Number: _____ TIN/EIN: _____

Type of Business: *Check one:*

- Corporation
- Non-Profit Organization
- Sole Proprietor
- Limited Liability Company (LLC)
- 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on this Resolution, and any attachments, is true and correct and duly adopted, and has not been altered, amended or rescinded by the governing body of the Business, having full power and lawful authority to do so, and are now in full force and effect.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

1. 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.
2. The Business agrees to all agreements, disclosures, and terms and conditions, including the "Business Agreements and Disclosures", applicable to the Business' account(s) with NWFCU that are in effect now and as may be amended from time to time.
3. All of the undersigned and authorized signers named in Section 4 are authorized to act on behalf of the Business with regard to transacting any business on all account(s) established by the Business, including, but not limited to, depositing funds, withdrawing funds by any available means by which funds are withdrawn from the NWFCU, issuing stop payments, adding or removing authorized persons endorsing all drafts, certificates, checks and any paper or other instruments, transacting any business with the NWFCU as necessary to carry out the purpose and function of the account(s).
4. The following persons are hereby designated as "authorized signers":

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

5. 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.
6. 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.
7. This Resolution shall remain in full force and effect until NWFCU receives, records, and confirms receipt of its amendment and/or rescission.

This Resolution replaces and supersedes all previous resolutions accepted by NWFCU.

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: _____