



ACCOUNT NUMBER: _____

Resolution of Authority (Deposit Accounts)

Each of the undersigned hereby certifies under penalty of perjury the following on behalf of _____ (the "Business"):

The Business is a: Sole Proprietorship; Association; General Partnership; Corporation (Registered in the State of _____); Limited Liability Company (Registered in the State of _____); or Limited Partnership (Registered in the State of _____).

The owners, governing body, directors, officers, managers, members, or general partner(s), as the case may be, of the Business have duly resolved to give me the full power and lawful authority to execute this Resolution of Authority on behalf of the Business, and such power and authority has not since been rescinded.

The Business has resolved that Security Service Federal Credit Union ("SSFCU") is designated as a depository for the funds of the Business.

The Business has further resolved that the persons named below are authorized to conduct the following transactions with SSFCU on behalf of the Business:

- (1) open said depository account and receive statements of that account on behalf of the Business; and
- (2) authorize and endorse all notes, drafts, checks, bills, certificates of deposit, transfer requests, deposit and withdrawal requests, and other instruments on behalf of the Business related to the Business's above-described accounts (all endorsements made for or on behalf of the Business upon such notes, drafts, checks, bills, certificates of deposit, transfer requests, deposit and withdrawal requests, and other instruments may be written or stamped endorsements of the Business without any designation of the person making such endorsements).

The following is the exclusive list of persons authorized by the Business to conduct the aforementioned transactions:

NAME	TITLE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This Resolution of Authority shall continue to have effect until express written notice of its rescission or modification has been received and recorded by SSFCU.

This Resolution of Authority is duly executed on the _____ day of _____, 20____.

By: _____ By: _____

Name: _____ Name: _____

Title: _____ Title: _____

By: _____ By: _____

Name: _____ Name: _____

Title: _____ Title: _____

*** NOTE: All general partners must execute this Resolution of Authority.**