

## Resolution of Authority

I, \_\_\_\_\_, certify that I am  
 Secretary  Partner  Owner  Authorized Officer of \_\_\_\_\_,  
 (“Business”), a  Corporation  Partnership  Sole Proprietor  Limited Liability Company  
 Voluntary Association doing business in the State of \_\_\_\_\_, and I further certify  
that the following is a correct copy of a Resolution that Business, having full power and lawful  
authority to do so, has duly adopted and is not restricted or modified.

### **It Is Resolved That:**

1. FEC Federal Credit Union, (“Credit Union”) is designated as the depository for the funds of Business.
2. This Resolution shall continue in effect until express written notice of its rescission or modification has been received and recorded by Credit Union and Credit Union has a reasonable opportunity to act upon such notice.
3. All transactions, if any, (including but not limited to any deposits, withdrawals, transfers, safe deposit box rentals, and loans) by or on behalf of business with Credit Union prior to adoption of this Resolution are ratified, approved, and confirmed.
4. Any of the “Authorized Persons” named herein are individually authorized to make transactions (including but not limited to withdrawals, deposits, transfers, safe deposit box rentals, and loans) on or related to Business account(s) at our Credit Union as such persons deem advisable from time to time subject to any restrictions imposed by Credit Union. The Persons named herein comprise the exclusive list of Authorized Persons for Business accounts at Credit Union.
5. To provide notice of a breach of fiduciary duty by one of the Authorized Persons, Business shall mail or deliver express written notice of the breach of duty to Credit Union. If the ownership of the Business is changed in any way, Business shall immediately notify Credit Union. Notice will be ineffective until (a) it is received by a Credit Union officer and (b) Credit Union has a reasonable opportunity to act on it.
6. Business agrees to the terms and conditions of any Credit Union account opened by any of the Persons named below. Business agrees that all checks deposited to any Business account must be endorsed to include the Business’ Federal Tax Identification Number (EIN or FIN) and must be listed on deposit slip or tape showing the total deposit. Business agrees that a third party checks payable to Business may not be cashed; such checks must be deposited to Business’ account. Business agrees Credit Union may amend all terms and conditions from time to time in accordance with applicable law.

**Authorized Persons**

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

Social Security # \_\_\_\_\_ Driver License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Driver License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Driver License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Driver License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Signature of Secretary/Partner/Owner/Officer  
(circle one)

\_\_\_\_\_  
Signature of one other Partner/Owner/Officer  
(circle one)

State of Florida  
County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_  
as \_\_\_\_\_ of \_\_\_\_\_ who is personally known  
to me or produced the following identification \_\_\_\_\_ and  
by \_\_\_\_\_ as \_\_\_\_\_ of \_\_\_\_\_ who is  
personally known to me or produced the following identification \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or type name.  
Notary Public

My Commission # \_\_\_\_\_  
Expires: \_\_\_\_\_