BUSINESS/ORGANIZATION AUTHORIZATION RESOLUTION

Acct # _____

Business/Organization Name: _____ Type of Business: _____

Mailing Address: _____ Tax ID: _____

_____ Telephone: _____

Physical Address: _____ Fax: _____

_____ E-mail: _____

A. I, _____ [NAME], certify that I am _____ [POSITION/TITLE] of the above named corporation/organization organized under the laws of _____ and that the following is a correct copy of resolutions adopted at a meeting of this corporation/organization duly and properly called and held on _____.

B. Be it resolved that,

1) The Financial Institution named above is designated as a depository for the funds of this corporation/organization. FURTHER RESOLVED that the Financial Institution is hereby directed to accept and pay without further inquiry any item drawn against any of the corporation's/organization's accounts with the Financial Institution bearing the signature(s) of the agent(s), as authorized above or otherwise, even though drawn or endorsed to the order of any agent signing or tendered by such agent for cashing or in payment of the individual obligation of such agent or for deposit to the agent's personal account, and the Financial Institution shall not be required or be under any obligation to inquire as to the circumstances of the issue or use of any item signed in accordance with the resolutions contained herein, or the application or disposition of such item or the proceeds of the item.

2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and a reasonable amount of time has passed to permit the Credit Union to communicate the rescission to its branches and departments.

3) Any and all transactions by or on behalf of this corporation/organization with this Financial Institution prior to the adoption of this resolution are hereby ratified, approved, and confirmed.

4) Any of the persons named below are authorized to make any and all contracts, agreements, stipulations, and orders which they may deem advisable for the effective exercise of the powers indicated below, from time to time with this Financial Institution, concerning funds deposited in this Financial Institution, moneys borrowed from this Financial Institution, or any other business transacted by and between this corporation/organization and this Financial Institution subject to any restrictions stated below.

5) Any and all prior resolutions adopted by this corporation/organization and certified to this Financial Institution as governing the operation of this corporation's/organization's account(s), are in full force and effect, unless supplemented or modified by this authorization.

6) The Financial Institution is authorized to honor and charge to the corporation's/organization's account any and all checks, drafts, or other orders for the payment of money that are drawn on this Financial Institution, and signed with the mechanical device signature(s) ("facsimile signature") shown in, or resembling the facsimile signature(s) shown in Section C. The corporation/organization expressly assumes all risks involved in the use of this form of signature and relieves the Financial Institution from any and all responsibility, whether or not use of the facsimile signature was authorized.

7) The authorized agents shall be and are authorized to enter into one or more agreements with Financial Institution to provide electronic or remote access, by means of the Internet, special software, telephone or any other means deemed appropriate by the agent, to the corporation's/organization's account(s) with the Financial Institution. Notwithstanding anything to the contrary herein, any ONE (1) of the agents is authorized to utilize any means of electronic or remote access offered by the Financial Institution to conduct any and all types of transactions involving the corporation's / organization's deposit account(s) with the Financial Institution that can be transacted via said electronic or remote access. The corporation/organization expressly assumes all risks involved in the use of this form of transaction and relieves the Financial Institution from any and all responsibility, whether or not use of the electronic or remote access was authorized.

C. If indicated, any person listed below is subject to any and all expressed restrictions noted above and SEFCU is hereby authorized to recognize any of the signatures subscribed hereto relating to transactions of any business on this account.

Name, Title and Address	Signature	Social Security Number	Transaction Authority[1] Y/N	Borrowing Authority[2] Y/N

1 "Y" indicates individual is authorized to perform transaction business on this account and is subject to any and all expressed restrictions noted within this resolution.
2 "Y" indicates individual can borrow money on behalf and in the name of this business, sign, execute, and deliver promissory notes or other evidences of indebtedness.

D. I further certify that the _____ of this corporation/organization has, at the time of adoption of this
[Board, president, partner, etc.]
resolution, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same.

E. We hereby make application for membership in SEFCU and agree to conform to the laws and amendments thereof, subscribe for at least one share, and adhere to the resolutions as outlined above. We understand that this is a variable rate account and as such, SEFCU reserves the right to change rates at any time and at its sole discretion. The agreement for each service we are applying for has been read and by signing below, we acknowledge receipt and agree to be bound by the terms of the agreement for each service.

F. Certification as to identification number and backup withholding: Under penalties of perjury, we certify, (1) that the number shown is the correct taxpayer identification number and (2) that our organization is not subject to backup withholding either because we have not been notified that we are subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified us that we are no longer subject to backup withholding. (The Internal Revenue Service does not require your consent to any provisions of this document other that the certification required to avoid backup withholding.)

In Witness Whereof, I have hereunto subscribed my name and affixed the seal of this corporation/organization on _____.
[Date]

_____ Attest by One Other Officer

_____ President/Partner/etc.

SEFCU Use Only

Name	**Identification Type, Number, Issue Date, Expiration**

Member Group Code	Services established: □ Checking □ OnLine □ DIAL □ Preferred □ Preferred Plus □ Check Card(s) _____ _____. □ Merchant Services □ Wealth Management □ SEFCU Insurance Group □ Payroll Service □ Cash Management

Patroon Creek Corporate Center
700 Patroon Creek Boulevard
Albany, NY 12206