



Not a bank. Better. ®

P.O. Box 1715, Peoria, IL 61656-1715

Savings #	NAME	
ID #	A/C Type	CHK/MMA Digit
Date	EMP	Office
Audited By		
<input type="checkbox"/> Add/remove signer(s)	Revision Date	

Business Depository Resolution

Please complete all applicable information fully. Print or type.

BUSINESS INFORMATION

Business Name _____

c/o Individual's Name _____

Street Address _____ Mailing Address (if different) _____

City/State/ZIP _____

Taxpayer ID Number (Social Security Number or Employer Identification Number) _____

Business Phone _____ Home Phone _____ Cell Phone _____

Fax _____ Email Address _____

FORM OF ORGANIZATION (Check One)

- SOLE PROPRIETORSHIP
- PARTNERSHIP
- UNINCORPORATED ASSOCIATION
- LIMITED LIABILITY COMPANY
- NOT-FOR-PROFIT CORPORATION
- CORPORATION
- RELIGIOUS CORPORATION
- LAND TRUST OR OTHER REVOCABLE TRUST
- IRREVOCABLE TRUST
- OTHER ORGANIZATION

Describe _____

THE UNDERSIGNED HEREBY CERTIFY:

- Business' Legal Name.** That the Business name in the Business Information above is its true and correct legal name.
- Form of Business Organization.** That the Business is (*check one*):
 - a sole proprietorship owned entirely by the undersigned owner/sole proprietor.
 - a partnership [general partnership, limited partnership, limited liability partnership or joint venture] duly formed and organized under the laws of the State of _____ and the undersigned are all of the general partners of the partnership.
 - an unincorporated association and the undersigned is the duly elected, qualified and acting Secretary of the association.
 - a limited liability company duly organized and in good standing under the laws of the State of _____ and the undersigned are all of the duly elected, qualified and acting managers of the company.
 - a not-for-profit corporation duly organized and in good standing under the laws of the State of _____ and the undersigned is the duly elected, qualified and acting Secretary of the corporation.
 - a corporation duly organized and in good standing under the laws of the State of _____ and the undersigned is the duly elected, qualified and acting Secretary of the corporation.
 - a religious corporation duly organized and in good standing under the laws of the State of _____ and the undersigned are the duly elected or appointed, qualified and acting trustees, wardens or vestrymen of the religious corporation.
 - other organization (*describe*) _____
(hereinafter referred to as "the Business").
- Business' Principal Place of Business.** That the street address in the Business Information above is its principal place of business, local office, or other physical location.
- Resolutions.** That the following is a true and correct copy of the resolutions duly adopted by the Business and that such resolutions are now in full force and effect and have not been amended or rescinded.

A. Opening the Accounts

BE IT RESOLVED, that a Business Savings account, Business Checking account, and/or Insured Money Market account, and/or Certificate account(s) ("the Accounts") for and in the name of the Business be opened and maintained at CEFCU and that CEFCU be and is hereby designated a depository of the Business.

B. Signatories on Account Opening Documents [Instructions: Complete this section to indicate the number of required signers and to list the authorized signers on the Business Signature Card and other account opening documents.]

BE IT FURTHER RESOLVED, that any ___ (1, 2, 3 or 4) of the persons listed below is authorized to act for and on behalf of the Business in any matter involving the opening or closing of any of the Accounts at CEFCU including the authority to deposit and/or withdraw funds of the Business to or from the Accounts (including the withdrawal of the minimum share balance from the Business Savings Account) to open or close any one or more of the Accounts and to sign for and in the name of the Business such Business Signature Card as may be required by CEFCU thereby agreeing to the provisions, terms and conditions thereof and of CEFCU's Business Services Deposit Account Agreement, Business Savings & Checking Accounts Rate Schedule, Certificate Accounts Rate Schedule, Business Fee Schedule and the Business Accounts Funds Availability Policy, and to do such other acts as are necessary or convenient to establish the Accounts at CEFCU, and is authorized to sign such other agreements, instruments, drafts, certificates, or other documents relating to the Accounts or other account relationships of the Business with CEFCU, as they, or any of them see fit, including, but not limited to, check capture services agreements, payroll agreements, funds transfer agreements, wire transfer or ACH transfer agreements or instruments and/or safe deposit agreements. Following are the names and titles of the persons duly authorized to carry out the purposes and intent of the foregoing resolution:

PERSON(S) AUTHORIZED TO OPEN AND CLOSE THE ACCOUNTS, AND TO SIGN THE SIGNATURE CARD AND OTHER ACCOUNT AGREEMENTS.

Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Signatories on the Accounts [Instructions: Complete this section to list the authorized signers on the Accounts.]

BE IT FURTHER RESOLVED, that any one (1) of the persons listed below is authorized to deposit and/or withdraw funds of the Business to or from the Accounts (excepting the withdrawal of the minimum share balance from the Business Savings Account) and to endorse for collection, deposit, or negotiation any and all checks, drafts, items, certificates, or other instruments and orders for the payment or transfer of money between the Accounts at CEFCU or accounts at other financial institutions, payable to or otherwise belonging to the Business and is authorized to sign any and all withdrawal slips, checks, drafts, items, or other instruments and orders and initiate wire or funds transfers for the payment or transfer of money from any of the Accounts at CEFCU. CEFCU is hereby authorized and directed to (1) honor any withdrawal slip and pay according to the request therein contained, and (2) honor and pay any and all checks, drafts, items, instruments and orders when signed or endorsed or purporting to bear the signature or endorsement of any one of the persons listed below, without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of whether such checks, drafts, items, instruments or orders are payable or endorsed to the individual order of any person listed below, or tendered in payment of individual obligations or for deposit to the account or accounts of any of said persons. Following are the names and titles of the persons duly authorized to carry out the purposes and intent of the foregoing resolution:

ANY OF THE FOLLOWING PERSONS IS AUTHORIZED TO ONLY PERFORM TRANSACTIONS ON THE ACCOUNT.

Name	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Facsimile Signatures [Instructions: Complete this section only if machine or facsimile stamped signatures are to be used on items.]

BE IT FURTHER RESOLVED, that CEFCU is hereby requested, authorized and directed to honor any check, draft, item or other written order on any of the Accounts when bearing or purporting to bear the following authorized machine or facsimile signature of any of the authorized signers on the Accounts whose signatures are reproduced below, regardless of whether drawn to the individual order of such authorized signer and regardless of by whom or by what means the actual or purported machine or facsimile signatures may have been affixed. The Business shall indemnify and hold CEFCU harmless from any and all claims, expenses, losses, damages and costs, including attorneys' fees, resulting from, or growing out of CEFCU's honoring the facsimile signature of any of the following authorized signers, its refusal to honor any facsimile signature of any authorized signers not named below, or resulting from the unauthorized use of the instrument used to provide the facsimile signatures by persons other than authorized individuals.

Name of Authorized Signer Listed in Section C	Machine or Facsimile Stamped Signature of Authorized Signer
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

E. Execution, Delivery and Certification of Resolutions

BE IT FURTHER RESOLVED, that the sole owner/proprietor (if a sole proprietorship), all general partners (if a partnership), all managers (if a limited liability company), the Secretary (if an unincorporated association or corporation) or all trustees/wardens or vestrymen (if a religious corporation) is/are authorized to execute and deliver a Business Depository Resolution to CEFCU and to certify to CEFCU these resolutions and that these resolutions shall continue in full force and effect until written notice of rescission or modification and new resolutions are received by CEFCU and CEFCU has had a reasonable period of time thereafter to take action.

IN WITNESS THEREOF, the undersigned hereby certify(ies) the foregoing information and resolutions and has/have duly executed and delivered this Business Depository Resolution this _____ day of _____, _____.

SOLE PROPRIETORSHIP

Owner/Sole Proprietor _____

UNINCORPORATED ASSOCIATION

Secretary _____

NOT-FOR-PROFIT CORPORATION

Secretary _____

PARTNERSHIP

(all general partners must sign)

General Partner _____

LIMITED LIABILITY COMPANY

(all managers must sign)

Manager _____

CORPORATION

Secretary _____

General Partner _____

Manager _____

RELIGIOUS CORPORATION

(all trustees/wardens or vestrymen must sign)

General Partner _____

Manager _____

Trustee/Warden/Vestryman _____

Trustee/Warden/Vestryman _____