



Business/Organization Resolution of Authority

By: _____ Referred to in this document as Business/Organization.

Federal Tax ID Number _____

A. I, _____, certify that I am _____ of the above named Business/Organization organized under the laws of _____ and that the following is a correct copy of resolutions adopted at a meeting of this business/corporation duly and properly called and held on _____.

B. Be it resolved that,

- 1) Hudson Valley Credit Union (HVCU) is designated as the financial institution of the Business/Organization. FURTHER RESOLVED that HVCU is hereby directed to accept and pay, without further inquiry, any item drawn against any Business/ Organization account with HVCU that bears the signature(s) of authorized agent(s) identified in this Resolution including any item that has been drawn or endorsed against any Business/Organization account that is payable to the order of any agent that has been signed 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. HVCU shall not be required or be under any obligation to inquire as to the circumstance 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 HVCU to communicate the rescission to its branches and departments.
- 3) Any and all transactions by or on behalf of this business/organization with HVCU 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 HVCU, concerning funds deposited in HVCU, moneys borrowed from HVCU, or any other business transacted by and between this business/ organization and HVCU subject to any restrictions stated below.
- 5) The Proprietorship acknowledges that by signing this Sole Proprietorship Authorization Resolution all Authorized Users of a Business Visa Check Card have read and agree to the terms of the Business Visa Check Card Agreement.
- 6) HVCU is authorized to honor and charge to the business'/organization's account any and all checks, drafts, or other orders for the payment of money that are drawn on HVCU, and signed with the mechanical device signature(s) ("facsimile signature") shown in, or resembling the facsimile signature(s) shown in Section C. The business/organization expressly assumes all risks involved in the use of this form of signature and relieves HVCU 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 HVCU 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 business'/organization's account(s) with HVCU. 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 HVCU to conduct any and all types of transactions involving the business'/organization's account(s) with HVCU that can be transacted via said electronic or remote access. The business/organization expressly assumes all risks involved in the use of this form of transaction and relieves HVCU 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 below and Hudson Valley Credit Union is hereby authorized to recognize any of the signatures subscribed hereto relating to transactions of any business on this account.

Signer 1

Full Name and Title:		Residential Address:	
ID Type/Issued By:	ID Number:	ID Issue Date:	ID Expiration:
Date of Birth:	Soc Sec Num:	Phone:	
Signature: X			
Transaction Authority: <input type="checkbox"/> All Powers OR <input type="checkbox"/> Borrowing Authority <input type="checkbox"/> Real Estate Transactions <input type="checkbox"/> Account Transactions <input type="checkbox"/> Other:			

Signer 2

Full Name and Title:		Residential Address:	
ID Type/Issued By:	ID Number:	ID Issue Date:	ID Expiration:
Date of Birth:	Soc Sec Num:	Phone:	
Signature: X			
Transaction Authority: <input type="checkbox"/> All Powers OR <input type="checkbox"/> Borrowing Authority <input type="checkbox"/> Real Estate Transactions <input type="checkbox"/> Account Transactions <input type="checkbox"/> Other:			

Signer 3

Full Name and Title:		Residential Address:	
ID Type/Issued By:	ID Number:	ID Issue Date:	ID Expiration:
Date of Birth:	Soc Sec Num:	Phone:	
Signature: X			
Transaction Authority: <input type="checkbox"/> All Powers OR <input type="checkbox"/> Borrowing Authority <input type="checkbox"/> Real Estate Transactions <input type="checkbox"/> Account Transactions <input type="checkbox"/> Other:			

D. I further certify that the _____ of this business/organization has, at the time of adoption of this resolution, full power and lawful authority to adopt the foregoing resolution and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same.

E. Each person named above agrees to adhere to the resolutions outlined in this Business/Organization Resolution of Authority.

Certification of Authority:

In Witness Whereof, I have hereunto subscribed myname on behalf of this corporation/organization on _____

Type Name: _____ Signature: _____

For Credit Union Use Only	
Acknowledged and received on _____ (date) by operator number: _____	<input type="checkbox"/> OFAC Verified
<input checked="" type="checkbox"/> This resolution supersedes all previous resolutions provided to Hudson Valley CU.	