



ACCOUNT RESOLUTIONS/AUTHORIZED INDIVIDUALS
Authorizing Officers & Other Individuals to Act on Behalf of Organization in Transactions
with Consumers Federal Credit Union

This schedule is a resolution authorizing officers and other individuals to act on behalf of organization in transactions with Consumers Federal Credit Union (“Credit Union”), dated as of _____ made by _____ (the “organization”) for the benefit of Credit Union (the “Resolution”).

For so long as the Resolution remains in full force and effect, this schedule may be amended from time to time provided, however, that Credit Union is provided with the certification hereinafter set forth.

Effective _____, any individual or any two individuals listed below are authorized to act on behalf of the organization in any of its business with Credit Union such time as Credit Union has received written notice to the contrary from the organization.

Replacement of all prior authorized individuals Additional authorized individuals

1. AUTHORIZED INDIVIDUAL

Name (print) Title Signature
SS# _____ DOB: _____ Phone # _____

2. AUTHORIZED INDIVIDUAL

Name (print) Title Signature
SS# _____ DOB: _____ Phone # _____

3. AUTHORIZED INDIVIDUAL

Name (print) Title Signature
SS# _____ DOB: _____ Phone # _____

4. AUTHORIZED INDIVIDUAL

Name (print) Title Signature
SS# _____ DOB: _____ Phone # _____

5. AUTHORIZED INDIVIDUAL

Name (print) Title Signature

SS# _____ DOB: _____ Phone # _____

6. AUTHORIZED INDIVIDUAL

Name (print) Title Signature

SS# _____ DOB: _____ Phone # _____

The undersigned Secretary of the organization hereby certifies; (I) that he/she is the Secretary of the organization; (ii) that he/she has the authority to complete and amend this schedule on behalf of the organization from time to time; (iii) that the individuals listed above are empowered by duly authorized resolutions of the organization which are now in effect to act on behalf of the organization to the extent indicated; and (iv) that Credit Union is entitled to conclusively rely on this certification until Credit Union has received written notice to the contrary from a duly authorized officer of the organization.

STATE OF _____)
COUNTY OF _____) Secretary

CU Representative or Notary Public,

State of Qualified in

County

My Commission Expires: