

Business Information

Business Name: _____ TIN/EIN/SSN: _____

C/O Individual's Name & Title: _____

Address: _____ City/State/Zip: _____

Business Phone: _____ Home Phone: _____ Email: _____

The Undersigned Hereby Certify:

1. That the Business name in the Business Information above is its true and correct legal name.

2. That the Business is (check one):

- Sole Proprietorship**-One individual owns the unincorporated for profit business.
- Partnership**-(General Partnership, Limited Partnership, Limited Liability Partnership or Joint Venture) Two or more individuals and/or corporations own the unincorporated for profit business.
- Unincorporated Association**-A group of individuals own the unincorporated nonprofit business
- Limited Liability Company**-One or more individuals own the for profit business which has been organized as a Limited Liability Company under state law.
- Nonprofit Corporation**-One or more individuals or entities own the nonprofit business which has been incorporated under state law.
- Corporation**-One or more shareholders own the for profit business which has been incorporated under state law.
- Religious, Charitable, Educations Society**-A church, congregation or society formed for the purposes of religious worship, charitable and/or educational activity which has been incorporated under state law.
- Estate**-An entity established for the purpose of final distribution of estate assets by a court appointed executor.

(Hereinafter referred to as "the Business").

3. 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 restricted.

Be it Resolved, that a Business Savings and Checking Account (the "Accounts") for and in the name of the Business be opened and maintained at FKFCU and that FKFCU be and is hereby designated a depository of the Business.

Be it Resolved, that any of the persons listed below is authorized to act for and on behalf of the Business in any matter involving any of the Accounts at FKFCU and is authorized to sign for and in the name of the Business such Business Signature Card as my be required by FKFCU thereby agreeing to the provisions, terms and conditions thereof and of FKFCU's Business Deposit Account Agreement, Business Deposit Account Fee Schedule, the Business Funds Availability Policy and is authorized to sign such other agreements, instruments, checks, certificates, or other documents relating to the Accounts of other relationships of the Business with FKFCU as they or any of them see fit, including, but not limited to, cash management agreements, payroll agreements, deposit drop bag service agreements, night depository service 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 purpose and the intent of the following resolution:

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Be it Further Resolved, that any of the persons listed below is authorized to deposit and/or withdraw funds of the Business to or from the Accounts and to endorse for collection, deposit or negotiation any and all checks, drafts, instructions and orders for the payment or transfer of money between the Accounts at FKFCU 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, instructions and orders for the payment or transfer of money from any of the Accounts at FKFCU. FKFCU 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, instruction and orders when signed or endorsed or purported to bear the signature or endorsement of any one (or more, if authorized above) of the persons listed below, without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of whether such instruments 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. The signatory list will be kept current. Following are the names and titles of the person duly authorized to carry out the purposes and intent of the foregoing resolution:

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Be it Further Resolved, that FKFCU is authorized and directed to honor checks and orders for the payment or money drawn on any of the Accounts including those drawn to the individual order of any person when the check or order bears or purports to bear the signature(s) as shown above. FKFCU shall be indemnified and held harmless against any forgery or unauthorized use or misuse of any facsimile signing devices.

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), an officer authorized to sign on behalf of the association or corporation (if an unincorporated association or corporation) or all trustees (if a religious, charitable or educational society) or executor (if estate) is/are authorized to execute and deliver a Business Depository Resolution to FKFCU and to certify to FKFCU 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 FKFCU and FKFCU has had a reasonable period of time thereafter to take action.

In Witness Whereof, the undersigned hereby certify(ies) the foregoing information and resolution and has/have duly executed and delivered this Business Depository Resolution this _____ day of _____, _____.

SOLE PROPRIETORSHIP

Owner/Sole Proprietor

PARTNERSHIP

General Partner

General Partner

General Partner

LIMITED LIABILITY COMPANY

Manager

Manager

Manager

UNINCORPORATED ASSOCIATION

Officer Authorized to Sign on Behalf of Association

ESTATE, RELIGIOUS, CHARITABLE OR EDUCATIONAL SOCIETY (All Trustees Must Sign)

Trustee or Executor

Trustee or Executor

NONPROFIT CORPORATION

Officer Authorized to Sign on Behalf of Corporation

CORPORATION

Officer Authorized to Sign on Behalf of Corporation or Association