

ROBINS FINANCIAL CREDIT UNION
Member Business or Organization Statement, Resolution, Grant of Authority and Agreement

1. Business Information

Business/Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Tax Identification Number: _____

The undersigned are duly authorized to execute this Resolution and Agreement on behalf of the Entity Named herein; and the undersigned hereby certify that the above-named Business/Organization ("Entity") is duly organized and existing under the laws of the State indicated as a: (check one of the following).

- | | |
|---|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Association/Organization/ Informal Non-profit Organization |
| <input type="checkbox"/> Limited Liability Corporation or Company (LLC) | <input type="checkbox"/> Limited Partnership |
| | <input type="checkbox"/> Partnership |

Organized Under the Laws of: _____ (Print State Here or NA as applicable to an Organization / Assoc.)

Principal Place of Business: _____ (Print State and City)

2. Resolution and Grant of Authority to Act for the Business / Organization – Applicable to ALL Entities.

The undersigned, under the penalty of perjury, hereby certify that the organization described is validly organized under applicable law and is in "good standing"; and that at a meeting of the Board of Directors, Trustees, Members or Partners, or other governing body of the Entity at which a quorum was present (if applicable), the duly authorized and governing body of this Entity adopted the following resolution, which in all respects, is in conformity with the rules, agreements, by laws or articles of incorporation of this Entity. It is intended that Robins Financial Credit Union rely upon this Resolution

GENERAL PROVISIONS: RESOLVED, Robins Financial Credit Union ("Credit Union") may, in its sole discretion require new resolutions and/or signature card(s) be executed any time the entity changes the authorized person(s)/signature(s); which changes must be submitted in a written document that is accepted by the Credit Union before any such change will be effective. If the authority contained in this resolution should be revoked or terminated by operation of law or any other reason without actual notice to the Credit Union, it is resolved that Credit Union shall be indemnified by the entity; and shall be held harmless from any and all losses suffered or liabilities incurred by such revocation or termination. The Credit Union shall have the right to freeze access to all accounts and services if it believes there is any dispute as to the authority to act pursuant to this obligation; however, this right shall in no way obligate the Credit Union to exercise said right and its failure or refusal to exercise such rights shall in no way impute any duty, obligation or liability to the Credit Union hereunder or otherwise. This resolution shall be governed and interpreted under the laws of the State of Georgia.

ACCOUNTS AND ACCOUNT SERVICES: FURTHER RESOLVED, that Credit Union is designated a depository institution of this Entity and is authorized to recognize the any one of the signature(s) of any person designated below, ("Authorized Person(s)") who has signed a Signature Card for any of this Entity's Accounts, in opening any accounts or related services, paying funds, or transacting any business related to any such account(s) or services with Robins Financial Credit Union [including but not limited to all financial services the Credit Union offers now or in the future, safe deposit box leases and all other services offered to members] which authority will remain in full force and effect until Robins Financial Credit Union receives further instructions in writing from this Entity. The Credit Union is likewise authorized to recognize any facsimile signature or endorsement of this Entity or any authorized person, whether authorized or unauthorized. This authority includes the authority to open any new accounts or services, and to enter into any changes, modifications or accommodations. **FURTHER RESOLVED**, that the Authorized Person(s) may authorize the use and access of accounts and services, and the issuance of any access device the Entity may obtain from the Credit Union for access and use of any accounts and/or services the Credit Union offers now or in the future, to the employees, agents or any other persons the Authorized Person(s) appoint or designate from time to time; and such authorization shall be deemed as authorized herein. **FURTHER RESOLVED**, that this Entity agrees that all accounts will be governed by the terms and conditions set forth in Robins Financial Credit Union's Membership Account Agreements, any Account Disclosures or Fee Schedules, any Agreement required to open any account(s) and all bylaws, policies, procedures, statutes and regulations governing Robins Financial Credit Union or any account.

Date of Meeting at which Resolution Was Adopted: _____

3. Authorized Person(s) to Act for the Business or Organization Are: The following persons will be authorized to undertake all actions set forth in the resolution above (example: Sign Checks). No other persons will have authority unless this Resolution is properly replaced and new contracts and/or Signature Cards are executed as the Credit Union may require.

- | | |
|----------|--------------|
| 1. _____ | Title: _____ |
| 2. _____ | Title: _____ |
| 3. _____ | Title: _____ |
| 4. _____ | Title: _____ |

The Business Entity is solely responsible for any changes to the authorized persons; and the Credit Union shall have no liability whatsoever for any transaction undertaken by a person listed above.

4. Complete the Section that Matches the Entity Selected in Section 1.

Corporation // LLC // Professional Corporation

In witness whereof, the Undersigned Secretary of the Corporation, LLC or Professional Corporation named herein has hereunto set his/her hand as secretary and affixed the corporate seal this _____ day of _____, _____.

_____(Seal)
Secretary

Partnership

The Undersigned partners certify that all partners have signed below and further certify that this partnership is not a limited partnership, and execute this Agreement under seal, this _____ day of _____, _____.

By: _____ By: _____
Partner Partner

By: _____ By: _____
Partner Partner

Limited Partnership

The Undersigned limited partnership by and through the general partner thereof certify that the partner signing below as general partner has full authority to bind said partnership, and executes this Agreement under seal, the _____ day of _____, _____.

Name of Limited Partnership, a limited partnership
organized under the laws of the State of _____

By: _____
General Partner

Certification of Owners of Organization or Club

In witness whereof, the Undersigned Officers have hereunto set their hands this _____ day of _____, _____.

1. _____ Title: _____
2. _____ Title: _____
3. _____ Title: _____
4. _____ Title: _____