

## Organization or Association Account Signature Authorization (Do not use this document if organized as a Corporation Not for Profit- use Corporate Resolution)

Account Title:	Account #:
Federal Tax ID #:	Davision Data
Number of Signatures Required for Withdrawals: 1	Revision Date:  Date Opened:
Authorized Signature(s)	
Name (print):	Name (print):
Title or Position:	Title or Position:
Signature:	Signature:
Name (print):	Name (print):
Title or Position:	Title or Position:
Signature:	Signature:
Name (print):	Name (print):
Title or Position:	Title or Position:
Signature:	Signature:
Name (print):	Name (print):
Title or Position:	Title or Position:
Signature:	Signature:
For Internal Use Only:	
Initials: Date Received:	Verified: OFAC: Authorization Resolution:



**Title or Position:** 

Signature: \_

## Organization or Association Authorization Resolution

То:	North Shore Bank of Commerce (Referred to in this document as "NSBC")		By: (Referred to in this docu	ument as "Organization	1")
The	undersigned hereby certifies that he/she is the	ne Secretary of		, an (	Organization organized and
	ting under the <b>laws of</b>	; Federal Tax ID Number	; that the fore		rrect copy of a resolution
	adopted by written action or at a meeting of			day of	, <b>20</b> , at
-	ch meeting a quorum was at all times present		_	•	aid resolution is in full
	e and effect.		·		
Date	ed this day of	, 20 .			
,	DECOLUZIONE	$\overline{S}$	ecretary		
I. Be i	<u>RESOLUTIONS</u> it resolved that,				
<ul><li>(2)</li><li>(3)</li><li>(4)</li><li>(5)</li><li>(6)</li><li>(7)</li></ul>	This Organization has designated NSBC as This resolution shall continue to have effect by this Organization, resolutions adopted by modification or revocation.  All transactions on behalf of the Organization Any of the persons named below, so long as contracts, agreements, stipulations and orded deposited in NSBC, monies borrowed from restrictions stated below.  Unless modified by this Authorizing Resolution account(s) are in full force and effect.  This Organization agrees to the terms and conganization authorizes NSBC to charge for required number of authorized signatures for This Organization authorized hy this resolution or resonant or this Organization acknowledges and agrees agent on this resolution. This includes Personant in the second of t	t until express written notice of its y this Organization will remain in on with NSBC are hereby ratified, is they act in a representative capacers which they deem advisable for NSBC or any other business translation, all prior resolutions adopted conditions of any account agreement all checks, drafts, or other orders or this purpose. ish, at its discretion, credit cards a plutions in effect at the time of issues that NSBC may rely on alternative.	rescission or modification effect until NSBC is provided and confirmed. The approved and confirmed approved and confirmed the effective exercise of the acted by and between this by this Organization governt properly opened by an approperly opened by an approperly opened by an approper of the payment of mone and debit cards to authorized ance.	n has been received by ided with an express we nization, are authorized to powers indicated be so Organization and NSI erning the operation of authorized agent of the ey, drawn on NBSC, as and agents of the Organization codes issued to or o	NSBC. Unless modified ritten notice of d to make any and all other low, concerning funds BC subject to any this Organization's Organization. The slong as they contain the dization to facilitate those obtained from an authorized
II.	DIRECTORS, OFFICERS OR AGEN	<u>NTS</u>			
The.	following director, officer or agent is author	ized to exercise the powers grante	ed as indicated below:		
A.	Name:	E.	Name:		
	Title or Position:		Title or Position:		
	Signature:		Signature:		
В.	Name:	F.	Name:		
	Title or Position:		Title or Position:		
	Signature:		Signature:		
C.	Name:		Name:		
~•	Title or Position:	<b></b>	Title or Position:		
	Signature:		Signature:		
D.	Name:	H.	Name:		

Title or Position:

Signature: \_

## III. <u>AUTHORIZED ACTIVITIES</u>

Des	Description of Power	Authorized Individual ( <b>Indicate A-H</b> )	Required Numb
١.	. Open a checking or deposit account(s) in the name of the Organization.		
2.	Endorse checks and orders for the payment of money and withdraw funds on deposit with NSBC.		1
3.	Sign, execute or deliver Promissory Notes or other evidence of indebtedness or borrow money on behalf of the Organization.		
1.	Mortgage, endorse, assign, or transfer any property of the Organization, now owned or later acquired, as security for sums borrowed, and to discount the same, unconditionally guaranty payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest, and notice of non-payment.		
5.	Authorize transfer of funds among or between accounts and obtain account information by written, electronic, telephonic, facsimile, or verbal instructions to NSBC.		
ó.	Lease, maintain or access a Safe Deposit Box with NSBC.		
7.	. Other:		
3.	Exercise all of the above powers.		
V.	V. <u>LIMITATIONS</u> . The following are the Organization's expressed limitations on the pow (If none listed, there are no express limitations.)	ers granted under this resolution:	
v.	. <u>PREVIOUS RESOLUTIONS</u> .		
	This resolution: (Check one of the following options, if not completed all resolutions)	lutions remain in effect.)	
	Supersedes all previously dated resolutions.		
	All resolutions remain in effect.		
	TI. <u>AUTHORITY</u> further certify that the Board of Directors of this Organization has, and at the time of adoption of dopt the foregoing resolutions and to confer the powers granted to the persons named who have the		
n v	n witness Whereof, I have hereunto subscribed by name on		
	X(Secretary)		
	X(Attest by Other Officer)		
	X(Attest by Other Officer)		