



## 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 #:**

**Revision Date:**

**Number of Signatures  
Required for Withdrawals: 1**

**Date Opened:**

### *Authorized Signature(s)*

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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:	Verified:	OFAC:
Date Received:	Authorization Resolution:	



Organization or Association Authorization Resolution

To: North Shore Bank of Commerce (Referred to in this document as "NSBC")

By: (Referred to in this document as "Organization")

The undersigned hereby certifies that he/she is the Secretary of [Organization], an Organization organized and existing under the laws of [State]; Federal Tax ID Number [Number]; that the foregoing is a true and correct copy of a resolution duly adopted by written action or at a meeting of the Board of Directors of said Organization held on the [Day] day of [Month], 20[Year], at which meeting a quorum was at all times present and acting; that the passage of said resolution was; in all respects legal; and that said resolution is in full force and effect.

Dated this [Day] day of [Month], 20[Year].

Secretary

I. RESOLUTIONS

Be it resolved that,

- (1) This Organization has designated NSBC as a depository of its funds and to provide other financial services as provided for in this resolution.
(2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received by NSBC. Unless modified by this Organization, resolutions adopted by this Organization will remain in effect until NSBC is provided with an express written notice of modification or revocation.
(3) All transactions on behalf of the Organization with NSBC are hereby ratified, approved and confirmed.
(4) Any of the persons named below, so long as they act in a representative capacity as agents of this Organization, are authorized to make any and all other contracts, agreements, stipulations and orders which they deem advisable for the effective exercise of the powers indicated below, concerning funds deposited in NSBC, monies borrowed from NSBC or any other business transacted by and between this Organization and NSBC subject to any restrictions stated below.
(5) Unless modified by this Authorizing Resolution, all prior resolutions adopted by this Organization governing the operation of this Organization's account(s) are in full force and effect.
(6) This Organization agrees to the terms and conditions of any account agreement properly opened by an authorized agent of the Organization. The Organization authorizes NSBC to charge for all checks, drafts, or other orders, for the payment of money, drawn on NBSC, as long as they contain the required number of authorized signatures for this purpose.
(7) This Organization authorizes NSBC to furnish, at its discretion, credit cards and debit cards to authorized agents of the Organization to facilitate those powers authorized by this resolution or resolutions in effect at the time of issuance.
(8) This Organization acknowledges and agrees that NSBC may rely on alternative signature and verification codes issued to or obtained from an authorized agent on this resolution. This includes Personal Identification Numbers (PIN), digital signatures and facsimile signatures on file with NSBC.

II. DIRECTORS, OFFICERS OR AGENTS

The following director, officer or agent is authorized to exercise the powers granted as indicated below:

A. Name: Title or Position: Signature:

E. Name: Title or Position: Signature:

B. Name: Title or Position: Signature:

F. Name: Title or Position: Signature:

C. Name: Title or Position: Signature:

G. Name: Title or Position: Signature:

D. Name: Title or Position: Signature:

H. Name: Title or Position: Signature:

**III. AUTHORIZED ACTIVITIES**

***Description of Power***

***Authorized Individual  
(Indicate A-H)***

***Required Number  
of Signatures***

1. 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.
3. Sign, execute or deliver Promissory Notes or other evidence of indebtedness or borrow money on behalf of the Organization.
4. 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.
6. Lease, maintain or access a Safe Deposit Box with NSBC.
7. Other:
8. **Exercise all of the above powers.**

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**IV. LIMITATIONS.** *The following are the Organization's expressed limitations on the powers granted under this resolution:  
(If none listed, there are no express limitations.)*

**V. PREVIOUS RESOLUTIONS.**

**This resolution:** *(Check one of the following options, if not completed all resolutions remain in effect.)*

Supersedes all previously dated resolutions.

All resolutions remain in effect.

**VI. AUTHORITY**

I further certify that the Board of Directors of this Organization has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have the full power and lawful authority to exercise the same.

In witness Whereof, I have hereunto subscribed by name on \_\_\_\_\_, 20\_\_\_\_.  
*(Date)*

X \_\_\_\_\_  
**(Secretary)**

X \_\_\_\_\_  
**(Attest by Other Officer)**

X \_\_\_\_\_  
**(Attest by Other Officer)**