

**To Applicant:** DCU requires the authorization of either all business owners or of the duly elected secretary authorized to act on their behalf in order to act on an application for membership. Please use this form if you do not have an existing resolution to provide.

## Authority to Obtain Financial Institution Services

WHEREAS, \_\_\_\_\_ wishes to obtain financial services from Digital  
(Business Entity)

Federal Credit Union (DCU) it hereby grants both signing authority and the authority to conduct business to

\_\_\_\_\_,  
(Individual Granted Authority)

who may:

apply for and obtain, on behalf of and in the name of the business entity, an account at DCU which may include but is not limited to access to routine banking services, savings products, checking products, wire transfer services, electronic banking, automated clearing house activity, and Debit Card access;

FURTHER it is resolved that this individual is authorized to act individually or in concert with others on behalf of the business for the purposes of providing the information required by the financial institution to open the account such as business name, EIN, address, officers, etc.; naming others who will have access to the account; and authorizing transactions of any kind to or from this account, provided appropriate identification is obtained.

It will be the responsibility of the business owners, each of whom has signed below (or on whose behalf the duly elected and qualified Secretary has signed below) to ensure activity on the account is monitored, with the understanding that unless named on the business account, they will not have access to account information directly from the financial institution.

Sign in *either* section I or II below.

I. Signature of all Business Owners:

\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

II. Signature of Secretary:

\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date