



**GENERAL BUSINESS AND NON-PROFIT INFORMATION**

Account #: \_\_\_\_\_

1. Business or Non-profit Name: \_\_\_\_\_
2. Business or Non-profit Address: \_\_\_\_\_
3. City, State, Zip Code: \_\_\_\_\_
4. Tax ID Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

The Lower East Side People's Federal Credit Union (hereafter "LESPFCU") is authorized to establish a Deposit account for the above-named business or non-profit.

**AUTHORIZED SIGNERS FOR DEPOSIT ACCOUNT**

Print Name and Title	Signature	ATM (Yes/No)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. The above persons are authorized to:
  - a) Open deposit accounts for this business or non-profit at LESPFCU;
  - b) Contract for any services offered by LESPFCU, including Automatic Teller Machine (ATM) cards (including debit card capacity), and any electronic and telephone services LESPFCU may provide on an ongoing basis;
  - c) Deposit currency to the account of this business or non-profit;
  - d) Sign checks drawn on the accounts of this business or non-profit, and issue stop payment instructions with reference to any checks;
  - e) Make withdrawals of funds from accounts in the name of this business or non-profit, and to transfer funds between such accounts by any means authorized by LESPFCU, including an ATM card, other electronic or telephone device.

2. Any: [*check preference*] One (1) \_\_\_\_ Two (2) \_\_\_\_ Three (3) \_\_\_\_ of the above signed signatures is/are required to conduct transactions on the account, with the following restrictions/ limitations - if any (*i.e. Jane Smith must always be one of the two required signers.*)

- a) \_\_\_\_\_
- b) \_\_\_\_\_



**Account Resolution**  
*Business or Non-Profit Account*

c) \_\_\_\_\_

**Important:** Joint signing authority refers to when two or more signatures are required to conduct a transaction on this business/non-profit account. (See below for information and restrictions in cases of joint signing authority)

3. Applicable to Businesses or Non-profits with joint signing authority only.

- a) The Business or Non-profit acknowledges that the above joint signatory designation is a statement of its own internal policy.
- b) The business or non-profit agrees that, while LESPFCU will make every reasonable effort to comply with this limitation, LESPFCU assumes no responsibility for: a withdrawal of cash; the payment of a check, draft or other item drawn on any business/non-profit account; or any withdrawal from any account which is honored and bears only a single authorized signature of one of the individuals designated above.
- c) With joint signing authority, none of the account Signers may receive ATM cards with withdrawal, point-of-sale purchase (debit) or funds transfer capability. They may receive an ATM card with deposit capacity only.

4. In case of changes to the Authorized Signers (below), or changes in business ownership, officers or legal structure (e.g. business incorporation), the Business or Non-profit will notify LESPFCU, and sign a new Account Resolution to replace this form. Any Authorized Signer may rescind her/his authorization as Signer by coming to LESPFCU in person with proper photo ID and signing a form to rescind all rights to the account.

5. LESPFCU is authorized to pay any check, draft or withdrawal order signed by or bearing the facsimile signature(s) of the Authorized Signers if the signature or facsimile signature, regardless of how or by whom affixed, resembles the signature(s) filed with LESPFCU.

We, the undersigned officials, represent and warrant the above.

Print Name and Title	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____