Keystone
UNITED METHODIST
FEDERAL CREDIT UNION
Supporting Ministry. Changing Lives.

Account Authorization Form
Church/Organization

Member Information

Organization Name (Member/Owner) :_____

Address:_____

_____

Phone: (_____)_____-_____ Fax: (_____)_____-_____

FEIN:_____Email:_____

Persons Authorized to receive account information:

_____ _____

_____ _____

Is more than one signature required to transact business? ____No _____Yes – How many _____

Account Types

☐ Share/Savings ☐ Share Draft/Checking ☐ Money Market Checking

☐ Share Certificate/CD ☐ Sub Account titled _____

Check Request

(Share Draft or money market accounts only)

Number of boxes of checks _____ first set of checks are free, courtesy of Keystone United Methodist Federal Credit Union

Checks should read: ☐ same as above or ☐ as noted below ☐ additional signature line

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

DEBIT CARD: ☐ YES ☐ NO

Pin Request (4 digits) _____ - _____ - _____ - _____

Authorized Signers:

By singing this authorization, each of the signers jointly and severally certifies and agrees that the terms in the "Certificate of Authority" section apply to the "Member Owner" listed in the "Member Information" section. The signers further acknowledge receipt of and agree to the terms of the Membership and Account Agreement, Account Card, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure, if applicable, as amended by the Credit Union from time to time.

_____ _____

Print Name Title Signature Date

_____ _____

Print Name Title Signature Date

_____ _____

Print Name Title Signature Date

_____ _____

Print Name Title Signature Date

Reverse side for Certificate of Authority and credit union use.

Certificate of Authority

1.MEMBER/OWNER-The Member/Owner name shown in the "Member Information" section is the complete and correct name of the Member/Owner. If applicable, all registered assumed names under which the Member/Owner does business are shown in the "Member Information" section. Each corporate officer, partner or trustee, whichever is applicable, warrants that the corporation, partnership, or living trust has been duly formed and is currently existing. 2. AUTHORIZED SIGNER-The officers, authorized agents, or trustees, as applicable, signing in the "Authorized Signers" section (Signers)presently occupy the positions shown in the "Authorized Signers" section and are authorized to transact business on behalf of the member/owner. Each Signer agrees to notify the Credit Union in writing of any change in authority. The Credit Union may request any other evidence of Signer's authority at any time.

3.AUTHORITY – a. each signer certifies and agrees that the Member/Owner's accounts will be governed by the terms set forth in the Membership and Account Agreement and Account Card, as amended from time to time. b. The Credit Union is directed to accept and pay without further inquiry any item, bearing the appropriate number of signatures as indicated in the "Authorized Signers" section, drawn against any of the Member/Owner's accounts. Unless otherwise indicated, any one Authorized Signer is expressly authorized to endorse all items payable to or owned by the Member/Owner for deposit with or collection by the Credit Union and to execute such other agreements and to perform any other transaction under the Agreement. c. The authority given to the Authorized Signers and Persons Authorized to Receive Account Information shall remain in full force until written notice of revocation is delivered to and received by the Credit Union at each location where an account is maintained. Any such notice shall not affect any items in process at the time notice is given. An authorized officer, trustee, or agent of the Member/Owner will notify the Credit Union of any change in the Member/Owner's composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Member/Owner and the Credit Union before any such change occurs. The Credit Union shall have no duty to inquire as to the powers and duties of any Signer and shall have no notice of any breach of fiduciary duties by any Signer unless the Credit Union has actual notice of wrongdoing. d. The Persons Authorized to receive Account Information, if applicable, are authorized to receive from the Credit Union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks/drafts against or make any transaction related to the account. 4. LIABILITY-Member/Owner and each Signer agree to indemnify and hold the Credit Union harmless of any claim or liability as a result of unauthorized acts of any Signer or former Signer or acts of any Signer upon which the Credit Union relies prior to notice of any account change or change of Member/Owner. The Member/Owner agrees that the Credit Union shall not be liable for any losses due to the Member/Owner's failure to notify the Credit Union of such changes.

Credit Union Use: Account #_____ OFAC: _____

Credit Union Authorized Signature: _____