



PARTNERSHIP RESOLUTION OF AUTHORITY

General Partnership Limited Partnership

By: _____
Name of Partnership

Address

City, State and Zip

Date: _____

Tax ID#: _____

THE ABOVE PARTNERSHIP CONSISTS OF THE FOLLOWING EFCU MEMBERS (print or type):

Be it resolved that the above-named parties constitute all members of this partnership and by signing below agree that:

- (1) EFCU is designated as a depository for the funds of this partnership.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by EFCU. Any and all resolutions adopted by this partnership and certified to EFCU as governing the operation of this partnership's account(s) are in full force and effect, unless supplemented or modified by this authorization.
- (3) All transactions, if any with respect to deposits, withdrawals, rediscounts and borrowings by or on behalf of this partnership with EFCU prior to adoption of this resolution 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 partnership, are authorized to make any and all other contracts, agreements, stipulations and orders which they deem advisable for the effective exercise of their powers indicated below, from time to time with EFCU, concerning funds deposited in EFCU, money borrowed from EFCU or any other business transacted by and between this partnership and EFCU subject to any restrictions stated below.
- (5) If any other parties become interested in this partnership as co-partners, the partnership relationship is altered in any way or if the business should become incorporated, the partners shall notify EFCU immediately.
- (6) The partnership agrees to the terms and conditions of any account agreement, properly opened by any authorized representative(s) of this partnership, and authorizes EFCU at any time to charge this

OVER

partnership for all checks, drafts, or other orders of payment of money that are drawn on EFCU, regardless of by whom, and contain the required number of signatures for this purpose.

MANAGING PARTNER

If indicated, any person listed below (subject to any expressed restrictions) is authorized to:

MANAGING PARTNER	NAME AND TITLE	SIGNATURE
<input type="checkbox"/> A	_____	_____
<input type="checkbox"/> B	_____	_____
<input type="checkbox"/> C	_____	_____
<input type="checkbox"/> D	_____	_____

Indicate A, B, C, and/or D from the names above

_____ (1) Exercise all of the powers listed (2) through (4) and have full access to information or to perform any transaction related to this Partnership;

_____ (2) Open any deposit or checking account(s) on behalf of the Partnership

_____ (3) Endorse checks and orders for payment of money and withdraw funds on deposit with EFCU.

Number of Authorized Signers required for this purpose _____

_____ (4) Borrow money on behalf of, and in the name of, this partnership, sign, execute and deliver promissory notes or other evidences of indebtedness

Number of Authorized Signers required for this purpose _____

SIGNATURES:

(Please print name under signature)

X _____

X _____

X _____

X _____

X _____

X _____