

Certificate of Authority

Business Name: _____ **Account #:** _____

In connection with the Business Member Service Agreement Part II (BMSA), each person that signs below certifies that:

1. Each person that signs as Transactor, Representative, or whose name and signature appears as Transactor and Representative on the account, is authorized on such terms as Commonwealth Credit Union (Commonwealth CU) requires to:
 - a. Transactor - person designated in our records by a business or organization to conduct transactions on the accounts, products and services used by the business or organization. (Additional information and definition in BMSA pg.4.);
 - b. Representative - person who may take actions, conduct transactions and use our accounts, products and services on behalf of the business or organization she or he represents. (Additional information and definition in BMSA pg.4);
 - c. Enter into, modify, terminate, and or otherwise in any manner act with respect to accounts at Commonwealth CU and agreements with Commonwealth CU for accounts and/or services offered by Commonwealth CU;
 - d. Authorize (by signing otherwise) the payment of items from the Member's account(s) listed on this Certificate of Authority or from accounts that the Member opens after the date of this Certificate of Authority (including without limitation any item payable to (a) the individual order of the person who authorized the item or (b) Commonwealth CU or any other person for the benefit of that person who authorized the item) and the endorsement of Deposited items for deposit, cashing or collection;
 - e. Give instructions to Commonwealth CU in writing (whether instructions include the manual signature or a signature that purports to be the facsimile or other mechanical signature including a stamp of an Authorized Signer as the Member's authorized signature) orally, by telephone or by electronic means in regard to any item and the transaction of any business relating to the Member's account(s), agreements or services, and the Member's shall indemnify and hold Commonwealth CU harmless for acting in accordance with such instructions; and
 - f. Delegate the person's authority to another person(s) or revoke such delegation, in a separate written and signed document delivered to Commonwealth CU.
2. Each transaction described in this Certificate of Authority conducted by or on behalf of the Member prior to delivery of this Certificate is in all respects ratified.
3. The information provided in the BMSA Part I is correct and complete, each person who signs, and each person whose names appear, holds any positions indicated, and the signature appearing opposite the person's name is authentic.
4. The Member has approved this Certificate and granted each person who signs at the end of this sections and/or as Transactor and Representative with authority to do so on the Member's behalf by means of:
 - a. Articles, Agreement, By-Laws, Resolution, or other legally sufficient action governing body of the Member, if the Member is not a sole proprietor;
 - b. The signature of the Member, if the member is a sole proprietor.

Required Signature(s): At least one (1) individual owner, partner, or key executive with authority and control over the business entity must sign Certificate of Authority in addition to Representative and Transactor. Signatures of BOTH partners are required for general partnership.

Owner/Partner/Key Executive

Name & Title _____

Signature _____ **Date** _____

Commonwealth of Kentucky; County of _____

The foregoing Certificate of Authority was subscribed, sworn to, and acknowledged before me _____, by the aforesaid parties on this _____ day of _____ 20____.

Notary Public, Kentucky, State-at-Large _____ My Commission Expires: _____

Representative Signature	Print Full Legal Name	Title/Position	Date
_____	_____	_____	_____
_____	_____	_____	_____

Commonwealth of Kentucky; County of _____

The foregoing Certificate of Authority was subscribed, sworn to, and acknowledged before me _____, by the aforesaid parties on this _____ day of _____ 20____.

Notary Public, Kentucky, State-at-Large _____ My Commission Expires: _____

Transactor Signature	Print Full Legal Name	Title/Position	Date
_____	_____	_____	_____
_____	_____	_____	_____

Commonwealth of Kentucky; County of _____

The foregoing Certificate of Authority was subscribed, sworn to, and acknowledged before me _____, by the aforesaid parties on this _____ day of _____ 20____.

Notary Public, Kentucky, State-at-Large _____ My Commission Expires: _____