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 Cre	edit Union (DCU) it hereby grants both signing	authority and the authority to conduct business to
(Inc	dividual Granted Authority)	
who may:		
ind	clude but is not limited to access to routine bar	e of the business entity, an account at DCU which may king services, savings products, checking products, wire clearing house activity, and Debit Card access;
of ac ac	the business for the purposes of providing the count such as business name, EIN, address, or	thorized to act individually or in concert with others on behalf information required by the financial institution to open the officers, etc.; naming others who will have access to the door from this account, provided appropriate identification
elected and understand	I qualified Secretary has signed below) to ensu	f whom has signed below (or on whose behalf the duly ure activity on the account is monitored, with the hat, they will not have access to account information directly
Sign in eith	er section I or II below.	
I. Sig	gnature of all Business Owners:	
	Printed Name	Printed Name
	Title	Title
	Signature	Signature
	Date	Date
	Printed Name	Printed Name
	Title	Title
	Signature	Signature
	Date	Date
II. Si	gnature of Secretary:	
	Printed Name	
	Title	
	Signature	
	Date	