



For CU Use Only

Account Number _____

Branch _____ Date _____

MOUNTAIN AMERICA FEDERAL CREDIT UNION: BUSINESS DEPOSITORY ACCOUNTS AUTHORIZED SIGNER (SIGNATURE CARD)

This Signature Card is incorporated with a previously executed Depository Resolution and Agreement for the Company

(Please print in black ink or type)

Business/Organization Name _____ Account Number _____

Name _____ SSN _____ DOB _____ Home Phone (____) _____

Home Address _____ Email Address _____
No P.O. Boxes or mail services, please

City _____ State _____ Zip _____

Title _____

Mobile/Work Phone (____) _____

ID Type ☐ Driver License, or ☐ Other _____

Specify

ID Issuer _____ ID Number _____

ID Issue date _____ ID Expiration _____

AGREEMENT AND CERTIFICATION:

By signing below you certify that the business/organization does not engage in internet gambling activities. You authorize Mountain America Federal Credit Union ("Credit Union") to obtain reports from consumer reporting agencies and other information it considers appropriate from time to time. You agree that the Credit Union may retain this form, the additional documentation provided as required by the Credit Union, and any other information the Credit Union receives. Signing below constitutes an agreement to conform to the Credit Union bylaws as well as all applicable terms and conditions set forth in the Membership Agreement, together with any schedules or addendums, receipt of which is hereby acknowledged and which is incorporated by this reference.

A completed Depository Resolution and Agreement ("Resolution") will be required for all entities or organizations in connection with establishing an account. Each person signing below agrees that the incorporated Resolution, and amendments if applicable, in connection with this Signature Card, shall only govern the account set forth above.

AUTHORIZED SIGNATURE:

You acknowledge that you are duly authorized to act with respect to the account, and the Credit Union is authorized to act in those matters as specified in the incorporated Resolution relating to the account until the Credit Union receives written instructions to the contrary from a Principal identified on the incorporated Resolution. Your authority to act with regard to the account may be revoked at any time by the Company. This Signature Card shall apply to all depository services obtained on this account now or in the future.

x _____ / /
Signature of Authorized Signer (person named above) Date

The Company Authorization below must be signed by a Principal in the presence of a Credit Union employee or Notary Public.

DO NOT SIGN THE COMPANY AUTHORIZATION UNTIL INSTRUCTED BY THE CREDIT UNION EMPLOYEE OR NOTARY!

COMPANY AUTHORIZATION: (to be signed by a current Principal as recorded on the Resolution previously executed by the Company)

By signing below you certify that the person listed above is authorized by the Company to conduct transactions on the account designated and in accordance with Resolution previously executed by the Company and that you witnessed the person sign this document.

x _____ / /
Signature of Principal (corresponds to a Principal listed on Resolution) Date

Name of Principal

State of _____

County of _____

} \$

On this _____ day of _____, 20____, personally appeared before me, _____, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed as Principal above, and acknowledged that he/she executed the same.

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Notary Public

Commission Expires

CREDIT UNION AUTHORIZATION: (to be signed by a Credit Union / Dealership employee)

I have personally reviewed the most recent Depository Resolution and Agreement or subsequent Change Current Principals dated _____ and verified that the person authorizing this Signature Card is named by the Company on that document as a Principal. I authorize the addition of the Authorized Signer on behalf of the Credit Union. If not notarized, I have verified the identity and witnessed the Principal sign this card to allow the addition of the Authorized Signer.

x _____ / /
Signature of Credit Union / Dealership Employee Date

Teller # _____

☐ ChexSystems Verified (new signers)