

LOUNLINER

ACCOUNT AUTHORIZATION CARD

Member/Owner:	Member No:
Street:	
City/State/Zip:	
Home Phone: Work Phone:	
E-mail:	
Type of Entity: Corporation Partnership General Select Classification Code: D = Disregarded Entity Limited C = Corporation Limited Sole Proprietorship	Association/Club Other:
Other Name(s):	
☐ Person(s) authorized to receive account information:	
Is more than one signature required to transact business? No Yes - How many?	
AUTHORIZED SIGNERS	
By signing 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. X	
Name Title	Signature Date
	x
Name Title	Signature Date
	X
Name Title	
Name Title	Signature Date
	x
Name Title	Signature Date X Signature Date
	X Signature Date section is the complete and correct name of the ner does business are shown. Each corporate officer, trust has been duly formed and is currently existing.
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