

AUTHORIZED SIGNERS RESOLUTION

Designation of Banking Authorized Persons

Instructions: Use this form to designate which individuals may operate the Organization's Holdings accounts. Specify permission levels for each person. Attach to the Board Resolution or maintain as a separate corporate record. Update whenever signers change.

Organization: _____

Effective Date: _____

Banking Institution: Holdings (banking services by i3 Bank, Member FDIC)

PERMISSION LEVELS DEFINED

LEVEL	PERMISSIONS
Full Administrator	All account operations: view balances, initiate transfers, wire funds, issue/manage cards, add users, approve transactions, close accounts, modify settings
Transaction Manager	View balances, initiate transfers up to approved limit, issue cards, approve expenses. Cannot add users, close accounts, or modify account settings.
View Only	View balances, transaction history, and reports. No ability to initiate transactions or modify settings.

DESIGNATED AUTHORIZED SIGNERS

FULL NAME	TITLE / ROLE	PERMISSION LEVEL	TRANSACTION LIMIT
_____	_____	<input type="checkbox"/> Full <input type="checkbox"/> Txn Mgr <input type="checkbox"/> View	\$ _____
_____	_____	<input type="checkbox"/> Full <input type="checkbox"/> Txn Mgr <input type="checkbox"/> View	\$ _____

		<input type="checkbox"/> Full <input type="checkbox"/> Txn Mgr <input type="checkbox"/> View	\$ <u> </u>
		<input type="checkbox"/> Full <input type="checkbox"/> Txn Mgr <input type="checkbox"/> View	\$ <u> </u>
		<input type="checkbox"/> Full <input type="checkbox"/> Txn Mgr <input type="checkbox"/> View	\$ <u> </u>

DUAL AUTHORIZATION REQUIREMENTS

Transactions exceeding \$ _____ require approval from **two** Authorized Signers.

Wire transfers exceeding \$ _____ require approval from **two** Authorized Signers, at least one of whom must hold Full Administrator permissions.

REMOVAL OF PRIOR AUTHORIZATION

Any previously authorized signers not listed above are hereby removed from all account access effective as of the date of this resolution.

CERTIFICATION

The undersigned certifies that the above designations were duly authorized by the Board of Directors on _____.

Board Secretary / Clerk

(Print Name)

Board Chair / President

(Print Name)