



PARTNERSHIP RESOLUTION OF AUTHORITY

General Partnership

Limited Partnership

BY: _____
NAME OF PARTNERSHIP

ADDRESS

CITY, STATE, ZIP

DATE: _____

TAX ID #: _____

THE ABOVE PARTNERSHIP CONSISTS OF THE FOLLOWING PSECU MEMBERS (print or type):

BE IT RESOLVED THAT, the above-named parties constitute all members of this partnership and by signing below agree that:

- (1) PSECU is designated as a depository for the funds of this partnership.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by PSECU. Any and all resolutions adopted by this partnership and certified to PSECU as governing the operation of this partnership's account(s) are in full force and effect, unless supplemented or modified by this authorization.
- (3) All transactions, if any with respect to deposits, withdrawals, rediscounts, and borrowings by or on behalf of this partnership with PSECU prior to adoption of this resolution, are hereby ratified, approved, and confirmed.
- (4) Any of the persons named below, so long as they act in a representative capacity as agents of this partnership, are authorized to make any and all other contracts, agreements, stipulations, and orders which they deem advisable for the effective exercise of their powers indicated below, from time to time with PSECU, concerning funds deposited in PSECU, money borrowed from PSECU or any other business transacted by and between this partnership and PSECU subject to any restrictions stated below.
- (5) If any other parties become interested in this partnership as co-partners, the partnership relationship is altered in any way, or if the business should become incorporated, the partners shall notify PSECU immediately.
- (6) The partnership agrees to the terms and conditions of any account agreement, properly opened by any authorized representative(s) of this partnership, and authorizes PSECU at any time to charge this partnership for all checks, drafts, or other orders of payment of money that are drawn on PSECU, regardless of by whom, and contain the required number of signatures for this purpose.

(Please turn over.)

MANAGING PARTNER

If indicated, any person listed below (subject to any expressed restrictions) is authorized to:

MANAGING PARTNER	NAME AND TITLE	SIGNATURE
<input type="checkbox"/> A	_____	_____
<input type="checkbox"/> B	_____	_____
<input type="checkbox"/> C	_____	_____
<input type="checkbox"/> D	_____	_____

Indicate A, B, C, and/or D from the names above

_____ (1) Exercise all of the powers listed below and have full access to information or to perform any transaction related to this Partnership;

_____ (2) Open any deposit or checking account(s) on behalf of the Partnership

_____ (3) Endorse checks and orders for payment of money and withdraw funds on deposit with PSECU.

Number of Authorized Signers required for this purpose _____

_____ (4) Borrow money on behalf of, and in the name of, this partnership, sign, execute, and deliver promissory notes or other evidences of indebtedness

Number of Authorized Signers required for this purpose _____

SIGNATURES:

(Please type name under signature.)

X _____ X _____ X _____

X _____ X _____ X _____