



**PARTNERSHIP RESOLUTION  
OF AUTHORITY**

409 Silverside Road, Suite 105  
 Wilmington, DE 19809  
 P: 877.226.2928  
 F: 302.791.5680  
 www.cfdbankingservices.com

Name of Partnership: \_\_\_\_\_

Type of Partnership: (circle one) Limited Partnership/Limited Liability Partnership/General Partnership

Address: \_\_\_\_\_

Employer ID #: \_\_\_\_\_

Account#: \_\_\_\_\_

I/WE, the undersigned, hereby certify to **cfdbanking services** that, \_\_\_\_\_ is a Partnership duly organized and existing under the laws of the state of \_\_\_\_\_.

**Resolved**, that the aforementioned Bank is hereby designated as a depository of this Partnership and that a checking account be opened and maintained in the name of this Partnership with said Bank; that \_\_\_\_\_ of the undersigned partners of this Partnership:

| Name and Title | Signature | Facsimile Signature (if used) |
|----------------|-----------|-------------------------------|
| [A]            |           |                               |
| [B]            |           |                               |
| [C]            |           |                               |
| [D]            |           |                               |

is/are hereby authorized, on behalf of this Partnership, and in its name: to sign checks, notes, bills of exchange, acceptances, or other orders for the payment of money from said account; to endorse checks, notes, bills, certificate of deposit, or other instruments, owned, or held by this Partnership, for deposit in said account, or for collection or discount by said Bank; to accept drafts, acceptances, and other instruments payable at said Bank; to waive demand, protest, or dishonor of any check, note, bill, draft, or other instrument made, drawn, or endorsed by this Partnership; and

**Further Resolved**, that said Bank be and it hereby is authorized to honor, receive, certify, or pay all instruments signed in accordance with the foregoing authority even though drawn or endorsed to the order of any partner signing the same or tendered for cashing, or in payment of the individual obligation of such officer, or for deposit to his personal account, and said Bank shall not be required, under any obligation to inquire as to the circumstances of the issuance, or use of any instrument signed in accordance with the foregoing authority, or the application, or disposition of such instrument, or the proceeds thereof; and

**Further Resolved**, that the foregoing authority shall remain in full force and effect until written notice of their amendment or rescission shall have been received by said Bank, and that receipt of such notice shall not affect any action taken by the Bank prior thereto.

**IN WITNESS WHEREOF**, the undersigned have executed this Certification on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Partner/Managing Partner

For fast service you may **fax** this form to us at 302.791.5680 or please mail to:

cfdbanking services  
 Attn: Operations Department  
 409 Silverside Road, Suite 105  
 Wilmington, DE 19809

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.**