

CUSTOMER

This Electronic Banking (“eBanking”) Resolution establishes authority to apply and execute agreements for Business Online Banking, ACH Origination, Merchant Capture, MoneyDesktop® Services for the Entity listed below.

RESOLVED, that the Entity shall from time to time enter into such agreements with First State Bank of Bedias as any person(s) named below deems appropriate to facilitate Electronic Banking services for the management of the Entity’s cash resources.

Entity Name _____ which is a

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|--|--|--|---|--------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Unincorporated Association | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Municipality/BOE | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Limited Liability Partnership (LLB) | <input type="checkbox"/> Partnership | <input type="checkbox"/> Trust | _____ |

RESOLUTIONS

IF A CORPORATION:

I, _____, certify that I am Secretary (clerk) of the above named Corporation organized under the laws of _____, engaged in business under the trade name of _____, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on _____. These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

IF A LIMITED LIABILITY COMPANY (LLC):

I, _____, certify that I am Manager or Designated Member of the above named Limited Liability Company organized under the laws of _____, engaged in business under the trade name of _____, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of all members of the Limited Liability Company or the person or persons designated by the members of the Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement, duly and properly called and held on _____. These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

IF A PARTNERSHIP:

The above partnership consists of the following partners (or, if a limited partnership, the following general partners):

The above named parties represent that they constitute all of the partners of the partnership designated above, or if a limited partnership, constitute all of the general partners of the partnership designated above.

IF A LIMITED LIABILITY PARTNERSHIP (LLP):

The above partnership consists of the following general partners:

The above named parties represent that they constitute all of the general partners of the limited liability partnership designated above.

IF A SOLE PROPRIETORSHIP:

I, _____, certify that I am the sole owner of the above named proprietorship, engaged in business under the trade name of _____.

IF AN UNINCORPORATED ASSOCIATION OR ORGANIZATION:

I, _____, certify that I am a Secretary (clerk) of the above named association organized under the laws of _____, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Association duly and properly called and held on _____. These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

IF A MUNICIPALITY OR BOARD OF EDUCATION:

I, _____, certify that I am a Secretary (clerk) of the above named Municipality/Board of Education organized under the laws of _____, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the board officers duly and properly called and held on _____. These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

IF A TRUST:

I/We, _____, certify that I/we are the current Trustee(s) designated to act on behalf of the above named Trust, which is duly organized, validly existing and in good standing under the laws of _____, and is duly qualified, validly existing and in good standing in all jurisdictions where Trust operates or owns or leases property. Trust has the power and authority to provide this Authorization and to carry on Trust’s activities as now being conducted.

IF OTHER:

I/We, _____, certify that I/we are the current party(ies) designated to act on behalf of the above named entity, which is duly organized, validly existing and in good standing under the laws of _____. I/We have the power and authority to provide this Authorization.

AUTHORIZED INDIVIDUALS

The following individuals are authorized to apply and execute agreements for the following services:

- Business Online Banking ACH Cash Management Merchant Capture MoneyDesktop® Services

Name _____ Title _____ Signature _____

Name _____ Title _____ Signature _____

Name _____ Title _____ Signature _____

ONLINE AUTHORIZED AGENTS ONLY

The following individuals will have full access to all accounts listed in FSBB's system under the company's EIN, unless you notify us in writing of account access restrictions:

Name _____ Title _____ Signature _____

Name _____ Title _____ Signature _____

Name _____ Title _____ Signature _____

- Access: Business Online Banking Online Bill Pay ACH Cash Management Merchant Capture MoneyDesktop®

ENTITY REPRESENTATIVE

IT IS UNDERSTOOD that this authority shall remain in full force until written notice of its amendment or rescission has been received by First State Bank Bedias, and that such notice shall have no affect on any order, action or instruction made prior to its receipt.

IN WITNESS THEREOF, I have executed this resolution as an Authorized Representative of the Entity listed above on this _____ day of _____, _____.

Signature _____ Printed Name _____ Title _____