



AMENDMENT TO RESOLUTION TO CONDUCT BUSINESS WITH PENFED

Full Legal Name of Public Unit/Organization: _____

Full TIN: _____ Email Address: _____

Mailing Address: _____

Physical Address: _____

Day Phone: _____ Evening Phone: _____

I, the undersigned, certify I am the corporate secretary, assistant corporate secretary, or other individual authorized to sign and act for the organization named below. I further certify:

- i. The individuals named below are the presently duly appointed and qualified officers of this organization authorized to act and sign under the Resolution By Organization To Conduct Business With Pentagon Federal Credit Union;
- ii. Any individuals not named below that were previously certified are no longer authorized to act on behalf of the organization;
- iii. The title listed beside each name is correct and each individual has been granted the authority as set forth in the Resolution;
- iv. The specimen signature opposite the name of each individual is genuine; and
- v. Pentagon Federal Credit Union (PenFed) may rely on this amendment and the authorization granted to the named individuals until written notice of any amendment shall have been received by PenFed.

1. Name (First, MI, Last): _____ Title: _____
 Date of Birth (MM/DD/YYYY): _____ Full SSN: _____
 Physical Address: _____
 Signature: X _____

2. Name (First, MI, Last): _____ Title: _____
 Date of Birth (MM/DD/YYYY): _____ Full SSN: _____
 Physical Address: _____
 Signature: X _____

3. Name (First, MI, Last): _____ Title: _____
 Date of Birth (MM/DD/YYYY): _____ Full SSN: _____
 Physical Address: _____
 Signature: X _____

4. Name (First, MI, Last): _____ Title: _____
 Date of Birth (MM/DD/YYYY): _____ Full SSN: _____
 Physical Address: _____
 Signature: X _____

5. Name (First, MI, Last): _____ Title: _____
 Date of Birth (MM/DD/YYYY): _____ Full SSN: _____
 Physical Address: _____
 Signature: X _____

6. Name (First, MI, Last): _____ Title: _____
 Date of Birth (MM/DD/YYYY): _____ Full SSN: _____
 Physical Address: _____
 Signature: X _____

In witness whereof, I have signed and affixed the seal of the organization this _____ day of _____, 20_____.

By: _____

(Print Name and Title)