

Authorization of Account Information Changes

This form can be used for Corporations, Unincorporated Entities, Partnerships, and Sole Proprietorships and is to be presented to Innovation Federal Credit Union ("Innovation") to update member information and account documentation. It is to be used to change decision makers, signing authorities, and online banking for business.

Member Number and/or Accounts Held at Innovation: _____
 If specific account, please indicate: _____ Name of Organization: _____
 Mailing Address: _____ Physical Address: _____
 City/Town: _____ Province: _____
 Postal Code: _____ A meeting was held on (date): _____

Decision Makers/Committee/Board

The following individuals are the decision makers (board/committee) responsible for the operation and control of the Organization (not just Innovation accounts). **Please include all board members.**

Position/Title	Name (First and Last)	Email Address	Phone Number

Resolution – Decision makers regarding changes in signing authority, opening/closing accounts etc.

Individuals authorized to sign documents regarding decision making on the accounts will be (use titles from above ONLY):

Any _____ to sign (if other please specify): _____

Signing Authority – Signors allowed to make withdrawals/deposits.

Individuals to sign cheques and authorize transactions on the accounts will be (use names, does not have to be someone listed from above):

Any _____ to sign (if other please specify): _____

Where more than one to sign is specified, this is for the member's own internal control purposes only. Innovation may honor, rely, and act upon one authorized signature.

Online Banking – Access to account information and transactions

Individuals to be set up for online banking including Business Online Banking for bill payments, balance inquiries, and statement information.

***Signatures**

_____ Signature

_____ Signature

***This document must be signed by outgoing officers or two members of the organization that are not the new signors and attended the meeting above. PLEASE DROP OFF OR MAIL THIS FORM TO YOUR NEAREST INNOVATION LOCATION.**

Consider: Does the Organization rent a **Safety Deposit Box** at Innovation? If the individuals authorized to have access are changing, obtain keys and complete a new Safety Deposit Box Lease EDF 4.008 (FED). Does the Organization allow **debit cards** to any signors? If the individual authorized to have access is changing, obtain the debit card and complete a new debit card order authorization form. ICU (03/15) (FED)