

# Certification of Authorized Parties

**IMPORTANT:** This certification revokes and replaces any authorizations previously submitted to NCB and will remain in effect until NCB receives an updated Certification of Authorized Parties.

## BASIC INFORMATION

Credit Union Name	Routing Number	NCB Account Number	Contact Person
Title	Phone	Fax	Email

## AUTHORITY OF CREDIT UNION EMPLOYEES

**Authorized Caller:** Authorized to receive account, transaction, and other information regarding Correspondent Banking deposit accounts, loans, and products by phone or e-mail.

Authorized Caller	Email Address	Birth Month (Caller Authentication)

**Call-In Pin Wire Users:** Initiate and approve wire transfer payment orders out of the Settlement account by phone call. (Please fill out if you are not a GFX Web Wire System user. For GFX Web Wire Users see Correspondent Banking Services Schedule)

Authorized Users	Transaction Non-Repetitive Dollar Limit	Transaction Repetitive Dollar Limit	Daily Dollar Limit	Initiator	Callback Approver	Phone Number
				<input type="checkbox"/> YES	<input type="checkbox"/> YES	
				<input type="checkbox"/> YES	<input type="checkbox"/> YES	
				<input type="checkbox"/> YES	<input type="checkbox"/> YES	
				<input type="checkbox"/> YES	<input type="checkbox"/> YES	
				<input type="checkbox"/> YES	<input type="checkbox"/> YES	
				<input type="checkbox"/> YES	<input type="checkbox"/> YES	
				<input type="checkbox"/> YES	<input type="checkbox"/> YES	
				<input type="checkbox"/> YES	<input type="checkbox"/> YES	

## CERTIFICATION (BY AN OFFICER)

I certify that I have been authorized by the credit union's board of directors to certify authorized parties for our Settlement Account.

Name of Officer with Authority to Certify <small>(Authorized Individual on "Application and Banking Services Resolution")</small>	Signature	Date
Name of Officer with Authority to Certify <small>(Authorized Individual on "Application and Banking Services Resolution")</small>	Signature	Date

**EMAIL COMPLETED FORM TO:** correspondent\_services@ncb.coop     **PRINT FORM AND FAX TO:** (937) 393-9629

## INTERNAL DEPARTMENT BANK USE ONLY

Associate Name	Date documents received	Date Service(s) Implementation Completed
Comments/Instructions: _____		