



CORPORATE RESOLUTION

From:

To: Syracuse Cooperative Federal Credit Union (dba Cooperative Federal)

Date:

_____ (name of authorized signer) hereby certifies to Syracuse Cooperative Federal Credit Union that he/she is the _____ (title) of _____ (business name), and further certifies that at a duly called meeting of the Board of Directors or officers of said Organization, taking place on _____ (date), the following resolution was duly adopted and remains in full force and effect:

“Resolved that _____ (name(s) of authorized signer(s)) is/are empowered to initiate and sign all documents required to obtain and access a business loan/line of credit/credit card from Syracuse Cooperative Federal Credit Union.”

Signature

Date

Signature

Date

Office Locations:

📍 1816 Erie Blvd East,
Syracuse, NY 13210
Mailing Address

📍 401 South Ave.,
Syracuse, NY 13204

📍 800 N Salina St.,
Syracuse, NY 13208

📍 516 Burt St.,
Syracuse, NY 13202

