

AIR FORCE FEDERAL CREDIT UNION**PARTNERSHIP ACCOUNT CERTIFICATION AND AUTHORIZATION**Account
Number: _____Title of
Account: _____

Employer Identification Number: _____

To induce Air Force Federal Credit Union (the "Credit Union") to accept and maintain Accounts in the Partnership name, to transact business with the Partnership, and otherwise to act in reliance hereon, the undersigned (whether one or more) hereby certify and agree individually and on behalf of the Partnership as follows:

1. The undersigned (a) is or are all of the general partners of a limited partnership, or (b) is the managing partner (Partnership Agreement or equivalent authorization required) of a partnership, or (c) are all of the partners of a partnership, trading under the partnership name of _____ (the "Partnership"), and the Partnership's principal place of business is _____ . The general partners of the Partnership consist of the following individuals and entities, and no others: _____

2. Complete as Applicable:
 - (a) An Assumed Name Certificate has been filed for record with the County Clerk in the following counties: _____ . A true copy of the Assumed Name Certificate is attached hereto.
 - (b) A Certificate of Limited Partnership has been filed with the Secretary of State of the State of _____ . A true copy of the Certificate of Limited Partnership is attached hereto.
3. Endorsements for deposit may be evidenced by the name of the Partnership alone being written or stamped on the instrument deposited without designation of the party making the endorsement.
4. Each person whose signature is affixed hereto or otherwise certified to by any of the undersigned has full authority to represent, sign for, and bind the Partnership in the Partnership name in all respects, including the authority to close any Accounts opened.
5. Checks, drafts, and orders for the payment of money and for the withdrawal of funds in the Partnership name may be signed by any of the following persons, and any of them may deposit any of the funds of the Partnership into any Partnership Account, whether represented by cash, checks, notes, or other evidences of debt:

Typed Name:	Authorized Signature:
Typed Name:	Authorized Signature:

Typed Name:	Authorized Signature:
Typed Name:	Authorized Signature:

6. The Credit Union is authorized to honor, receive, and pay all instruments signed in accordance with the foregoing, even though drawn or endorsed to the order of any partner or other person signing the same or tendering same for cashing, or in payment of the individual obligation of any partner or authorized signer or other person, or for deposit to his personal Account, and the Credit Union will not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing, or the application or disposition of any such instrument or the proceeds thereof.
7. This Certification and Authorization shall govern all Accounts opened and maintained with the Credit Union in the Partnership name. Each such Account shall be subject to the Credit Union's bylaws, policies, and procedures, as amended from time to time, in addition to the Membership and Account Agreement, the Business Account Fee Schedule, and any other instrument executed or received in connection with the opening or maintenance of any Account.
8. To the extent that this Certification and Authorization differs from, alters, or contradicts any prior Certification and Authorization governing the opening or maintenance of any Partnership Accounts at the Credit Union, and any authority conferred thereby, this Certification and Authorization shall be deemed to control in all respects. The Account Owner acknowledges that, if an election is made to add or delete authorized signers by way of a modification rather than by closing an Account, the Credit Union may continue to honor checks or orders signed or made by any deleted signer.
9. Notwithstanding any modification or termination of the power of any partner or other person to represent the Partnership, whether by expiration of the Partnership Agreement, by death or retirement of any partner or other person, or the accession of one or more new partners, or otherwise, and notwithstanding any other notice thereof the Credit Union may receive, this authority shall continue to be binding upon each of the undersigned and each of the authorized signers appearing above individually, and shall continue to be binding upon the Partnership or its successors, until a replacement Membership Application or other required document is received by the Credit Union and the Credit Union has a reasonable opportunity to act thereon, in such form as the Credit Union may require, and bearing the signatures of the general partners or the managing partner so appointed.

IN WITNESS WHEREOF, the undersigned members of said Partnership have hereto set their hands at _____, Texas, the _____ day of _____, 20_____.

IF A LIMITED PARTNERSHIP

(All general partners must sign. Limited partners do not sign)

By:	Typed Name:
By:	Typed Name:
By:	Typed Name:
By:	Typed Name:

IF A MANAGING PARTNER HAS BEEN APPOINTED

(Present evidence of appointment)

Managing Partner:	Typed Name:
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IF A GENERAL PARTNERSHIP

(All partners must sign unless Partnership Agreement names a Managing Partner authorized to bind the Partnership.)

By:	Typed Name:
By:	Typed Name:
By:	Typed Name:
By:	Typed Name: