



**THE DAYTON  
FOUNDATION**

*We help you help others.*

*The Regional Community  
Foundation*

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# Charitable Checking Account<sup>SM</sup> Corporate/Organization Resolution and Indemnification

Use this form to certify the names of officers and/or employees who are authorized to act on behalf of your corporation or organization in connection with its Charitable Checking Account.<sup>SM</sup>

This form is required to open your organization's account and must be completed by the secretary or another designated officer. Please submit any changes to this resolution, including designating or revoking advisors, in writing to the Charitable Checking Account Service.

If you have questions about this form or about your organization's Charitable Checking Account application, please contact Lucy Baker at (937) 225-9960 or toll free at (877) 222-0410. You also may e-mail her at [lbaker@daytonfoundation.org](mailto:lbaker@daytonfoundation.org).

## Section 1: Your Organization

Organization Name \_\_\_\_\_

Suggested Account Name (as listed on your Charitable Checking Account application) \_\_\_\_\_

## Section 2: Authorized Officer and/or Employee to Act as Account Advisor

Please provide the following information for the authorized officer and/or employee who may serve as an advisor to your organization's Charitable Checking Account, and, therefore, direct grants from your account.

Advisor Name \_\_\_\_\_

Title \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Signature \_\_\_\_\_

## Section 3: Certification of Account Advisor

As an authorized officer of the organization named in Section 1, I hereby certify that the individual(s) listed in Section 2 are duly authorized to act on behalf of the organization in connection with its Charitable Checking Account at The Dayton Foundation.

Authorized Individual's Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Section 4: Indemnification

The organization and its officers agree to indemnify and hold The Dayton Foundation Charitable Checking Account Service and its officers, employees and agents harmless from acting on instructions believed by the Service to have originated from an account advisor named in Section 2. This resolution is to remain in effect until revoked in writing by one of these officers and submitted to the Charitable Checking Account Service

Signature of Authorized Officer of Organization \_\_\_\_\_ Date \_\_\_\_\_

## Return This Completed Form to:

Charitable Checking Account Service  
The Dayton Foundation  
40 N. Main Street, Suite 500  
Dayton, Ohio 45423  
or fax it to us at (937) 222-0636



Meeting All Standards for  
U.S. Community Foundations.

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