Charitable Checking Account℠
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℠. 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.

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 ________________________________ 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
1401 S. Main Street, Suite 100
Dayton, Ohio 45409
or fax it to us at (937) 222-0636