

Business Account Change of Signing Authorities

Please provide the following information:

Please note: Incomplete packages will not be processed. It is very important to provide all the information listed below.

- Signed minutes of a board meeting** stating the motion for the change of signers (minutes MUST BE signed by two existing directors/authorized signers);
- Page 2** of this document completed in full.
- Completed and signed Consent Form for each new signer being added;
Two pieces of valid ID for each new signer. Individual signers may provide information directly to commercial.support@stellervista.com if they prefer.

OR, if meeting minutes are not available:

- Page 2** of this document completed in full.
- A letter signed by two existing directors/authorized signers clearly stating the request for change of signers (see Page 3).
- Completed and signed Consent Form for each new signer being added;
Two pieces of valid ID for each new signer. Individual signers may provide information directly to commercial.support@stellervista.com if they prefer.

- Completed packages may be sent to StellerVista Credit Union by:
 - email to commercial.support@stellervista.com
 - drop off or mail to any branches or mail to your local branch.
 - Forms and information are also available on our website at www.stellervista.com
- StellerVista will prepare the necessary documentation and contact for signatures.
 - Signature can be in person, or through our approved electronic signature program called OneSpan.
 - OneSpan is convenient and easy to use and will save you time. Please have all signers confirm their ID is current with StellerVista and the final documents can be sent by OneSpan.

Change of Signing Authorities

Please complete the following in full:

| | | | |
|---|---|---------------------|--|
| BUSINESS/ORGANIZATION NAME | | | |
| MEMBER # | | Request date | |
| BRANCH | <input type="checkbox"/> Cranbrook <input type="checkbox"/> Elkford <input type="checkbox"/> Fernie <input type="checkbox"/> Sparwood <input type="checkbox"/> Castlegar <input type="checkbox"/> Slocan Valley <input type="checkbox"/> West Boundary | | |
| MAILING ADDRESS Mailing Civic City, Postal Code | <input type="checkbox"/> No Change <input type="checkbox"/> Change to listed below | | |
| PRIMARY CONTACT * | Name: | | |
| | Phone#: | Email: | |

*StellerVista will contact the Primary Contact person to work on the change of signing authorities.

List of New Signers to be added:

| | New Signer #1 | New Signer #2 | New Signer #3 |
|--|--|--|--|
| FIRST NAME (must match primary ID) | | | |
| MIDDLE NAME | <input type="checkbox"/> NO MIDDLE NAME | <input type="checkbox"/> NO MIDDLE NAME | <input type="checkbox"/> NO MIDDLE NAME |
| LAST NAME | | | |
| PHONE # | | | |
| ADDRESS Mailing: Civic: City, Postal Code: | | | |
| OCCUPATION | | | |
| EMAIL ADDRESS | | | |
| Will signer be given access to online banking? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| ALREADY A MEMBER? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

List of Signers to be Removed:

| | | |
|--|--|--|
| | | |
| | | |

Letter of Direction

(Please use this form only when copy of board meeting minutes are not available)

To: StellerVista Credit Union

Re: Request of Change of Account Signing Authorities

| | | | |
|----------------------------|---|---------------------|--|
| BUSINESS/ORGANIZATION NAME | | | |
| MEMBER # | | Request date | |
| BRANCH | <input type="checkbox"/> Cranbrook <input type="checkbox"/> Elkford <input type="checkbox"/> Fernie <input type="checkbox"/> Sparwood <input type="checkbox"/> Castlegar <input type="checkbox"/> Slovan Valley <input type="checkbox"/> West Boundary | | |

This letter is to advise that we, the undersigned Directors, have approved a change of signing authorities on our account. Please make the following changes:

Remove signer(s):

| Name of person to be Removed | Name of person to be Removed |
|------------------------------|------------------------------|
| | |
| | |
| | |

Add New signer(s):

| Title | Name of Person to be added | Title | Name of Person to be added |
|-------|----------------------------|-------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

The current list of directors/executives is listed below. Please list All the directors to assist our change of signing authority process.

| Title | Name of current director | Title | Name of current director |
|-------|--------------------------|-------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Authorized Director/Signatory: _____
Print name & signature

Authorized Director/Signatory: _____
Print name & signature