

CAPITAL RESERVE ACCT

CERTIFICATE OF AUTHORITY

For Deposit Accounts

Account Holder(s):

WARREN COUNTY SCHOOL DISTRICT
185 HOSPITAL DR STE F
WARREN, PA 16365

Financial Institution:

NORTHWEST SAVINGS BANK
100 LIBERTY STREET
P.O. BOX 128
WARREN, PA 16365-

SSN/TIN: 251157816

Account Number(s): 1026051696

IN CONSIDERATION OF the existing or proposed banking relationship between the above named Account Holder a ☒ for profit ☐ not for profit organization, and Financial Institution, the persons signing below jointly and severally and on behalf of the Account Holder represent to Financial Institution and agree with Financial Institution that:

Account Holder. The Account Holder named above is the complete and correct name of the Account Holder. The following is a complete list of all assumed business names, if any, under which the Account Holder does business. The Account Holder filed assumed business name listings with the following governmental entities on the indicated dates:

Assumed Name(s):	Filed With:	Date(s):

Signature Authorization. The Financial Institution named above, at any one or more of its offices or branches, is designated as the Financial Institution of and depository for the funds of the Account Holder, which may be withdrawn on checks, drafts, advices of debit, notes or other orders for the payment of monies bearing the following appropriate number of signatures:

Any 3 of the following named partners, employees or designated individuals of the Account Holder ("Agents"), whose actual signatures are shown below:

Names	Titles	Signatures
KIMBERLY ANGOVE	PRESIDENT	X _____
NORBERT KENNERKNECHT	TREASURER	X _____
RUTH HUCK	SECRETARY	X _____
		X _____
		X _____
		X _____
		X _____
		X _____
		X _____
		X _____

and that the Financial Institution shall be and is authorized to honor and pay the same whether or not they are payable to bearer or to the individual order of any Agent or Agents signing the same. The Financial Institution is hereby directed to accept and pay without further inquiry any item drawn against any of the Account Holder's accounts with the Financial Institution bearing the signature or signatures of Agents, as authorized above or otherwise, even though drawn or endorsed to the order of any Agent signing the same or tendered by such Agent for cashing or in payment of the individual obligation of such Agent or for deposit to the Agent's personal account, and the Financial Institution shall not be required or be under any obligation to inquire as to the circumstances of the issue or use of any item signed in accordance with the resolutions contained herein, or the application or disposition of such item or the proceeds of the item.

Agent's Authority. Any one of such Agents is authorized to endorse all checks, drafts, notes, and other items payable to or owned by Account Holder for deposit with the Financial Institution, or for collection or discount by the Financial Institution; and to accept drafts and other items payable at the Financial Institution.

The above named agents are authorized and empowered to execute such other agreements, including, but not limited to, special depository agreements and arrangements regarding the manner, conditions, or purposes for which funds, checks, or items of Account Holder may be deposited, collected, or withdrawn and to perform such other acts as they deem reasonably necessary to carry out the provisions of these resolutions.

Duration. The authority hereby conferred upon the above named Agents shall be and remain in full force and effect until written notice of any amendment or revocation thereof shall have been delivered to and received by the Financial Institution at each location where an account is maintained. Financial Institution shall be indemnified and held harmless from any loss suffered or any liability incurred by it in continuing to act in accordance with this authorization. Any such notice shall not affect any items in process at the time notice is given.

Additional Provisions.

The rights of Financial Institution under this agreement are in addition to any other rights Financial Institution may have. Financial Institution need not accept this agreement for it to become effective.

This agreement is dated: 7/23/2009

ACCOUNT HOLDER:WARREN COUNTY SCHOOL DISTRICT
185 HOSPITAL DR STE F
WARREN, PA 16365

By: _____
Name and Title of Authorized Representative

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
WARREN COUNTY SCHOOL DISTRICT

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☒ Other (see instructions) ▶ **MUNICIPAL ACCT**

☐ Exempt
payee

Address (number, street, and apt. or suite no.)
185 HOSPITAL DR STE F

City, state, and ZIP code
WARREN, PA 16365

List account number(s) here (optional)

Requester's name and address (optional)
**NORTHWEST SAVINGS BANK
100 LIBERTY STREET
P.O. BOX 128
WARREN, PA 16365-**

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number
251157816

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

RATE AND FEE SCHEDULE

(Non Interest Bearing Account)

Account Holder(s):

WARREN COUNTY SCHOOL DISTRICT
185 HOSPITAL DR STE F
WARREN, PA 16365

Account Number: 1026051696

Financial Institution:

NORTHWEST SAVINGS BANK
100 LIBERTY STREET
P.O. BOX 128
WARREN, PA 16365-

Phone Number: (877) 672-5678

We appreciate your decision to open a deposit account with us. This schedule sets forth certain conditions, fees and charges that are specific to your Account. Each Account Holder agrees to the terms set forth on this Deposit Account Rate and Fee Schedule, and acknowledges that it is part of the Account Agreement. Subject to applicable law and the terms of the Account Agreement, we may amend the fees and charges contained in this schedule from time to time.

Items preceded by a ☐ apply only if checked.

ACCOUNT INFORMATION

PRODUCT NAME: Business Analysis-Non-Int-438

ACCOUNT OPENING DATE: 07/23/09

ACCOUNT OWNERSHIP: Municipal

ACCOUNT PURPOSE: NON-PERSONAL

LIMITATIONS

- ☒ You must deposit \$100.00 to open this account.
- ☐ You may not make additional deposits into this account.
- ☐ You may not deposit more than \$0.00 to this account.
- ☐ You may not make withdrawals from your account until the maturity date.
- ☒ Deposit limitations are as follows:
See attached Deposit Account Agreement and Disclosure

- ☒ Withdrawal limitations are as follows:
See attached Deposit Account Agreement and Disclosure

☐ The minimum amount you may withdraw (write a check for) is \$0.00.

FEE INFORMATION

Account Fees / Service Charge, balance to avoid service charge and how balance is determined:

Earnings Credit applies to analyzed service and includes a \$15.00 Maintenance Fee. The monthly fee is determined by the activity in the account each monthly statement period based upon the "Account Analysis Fee Schedule".

The following fees may be assessed against your account:

ACH Origination File: \$10.00; ACH Set Up: \$75.00; Bankline Fax Statement: \$2.00; Bankline Transfer: No Charge; Cashier's Check: \$10.00; Check & Statement Copies (six free per year): \$5.00; Check Printing: Depend on Style; Checks Returned with Statement: \$10.00 per statement period; Collection Items: Canadian Items: \$8.00 per item, Coupons: \$25.00 per envelope, Other: \$25.00 plus handling; Counter Check: \$.25 (maximum of 3); Deposit Verification: \$10.00; Deposited Item Returned: \$10.00; Dormant Account Fee: \$5.00 per month after twenty-four months of inactivity; Escheat Processing: \$20.00; IRA Transfer to Another Institution: \$25.00; Money Order & Official Check: \$5.00; Overdraft Protection Annual Fee: \$12.00; Overdraft Protection Transfer: \$10.00; Overdraft Return Item Fee: \$31.00 per item; Overdraft Paid Item Fee: \$31.00 per item; Research per Hour: \$25.00; Special Statement: \$10.00; Statement Reconciliation per Hour: \$25.00; Stop Payment Order: \$31.00; Telephone Transfer: \$5.00; Wire Transfers: Incoming-Domestic: \$15.00, Incoming-Foreign: \$30.00, Outgoing-Domestic: \$20.00, Outgoing-Foreign: \$30.00; Writ of Execution/Levy Processing: \$100.00

BONUS INFORMATION

☐ You will receive _____ as a bonus.

To obtain the bonus you must maintain:

For:

SUBSTITUTE CHECK POLICY DISCLOSURE

Account

Holder: WARREN COUNTY SCHOOL DISTRICT
185 HOSPITAL DR STE F
WARREN, PA 16365

Financial

Institution: NORTHWEST SAVINGS BANK
100 LIBERTY STREET
P.O. BOX 128
WARREN, PA 16365-

IMPORTANT INFORMATION ABOUT YOUR CHECKING ACCOUNT Substitute Checks and Your Rights

What is a substitute check?

To make check processing faster, federal law permits banks to replace original checks with "substitute checks." These checks are similar in size to original checks with a slightly reduced image of the front and back of the original check. The front of a substitute check states: "This is a legal copy of your check. You can use it the same way you would use the original check." You may use a substitute check as proof of payment just like the original check.

Some or all of the checks that you receive back from us may be substitute checks. This notice describes rights you have when you receive substitute checks from us. The rights in this notice do not apply to original checks or to electronic debits to your account. However, you have rights under other law with respect to those transactions.

What are my rights regarding substitute checks?

In certain cases, federal law provides a special procedure that allows you to request a refund for losses you suffer if a substitute check is posted to your account (for example, if you think that we withdrew the wrong amount from your account or that we withdrew money from your account more than once for the same check). The losses you may attempt to recover under this procedure may include the amount that was withdrawn from your account and fees that were charged as a result of the withdrawal (for example, bounced check fees).

The amount of your refund under this procedure is limited to the amount of your loss or the amount of the substitute check, whichever is less. You also are entitled to interest on the amount of your refund if your account is an interest-bearing account. If your loss exceeds the amount of the substitute check, you may be able to recover additional amounts under other law.

If you use this procedure, you may receive up to \$2,500.00 of your refund (plus interest if your account earns interest) within 10 business days after we received your claim and the remainder of your refund (plus interest if your account earns interest) not later than 45th calendar days after we received your claim.

We may reverse the refund (including any interest on the refund) if we later are able to demonstrate that the substitute check was correctly posted to your account.

How do I make a claim for a refund?

If you believe that you have suffered a loss relating to a substitute check that you received and that was posted to your account, please contact us at :

You must contact us within 40 calendar days of the date that we mailed (or otherwise delivered by a means to which you agreed) the substitute check in question or the account statement showing that the substitute check was posted to your account, whichever is later. We will extend this time period if you were not able to make a timely claim because of extraordinary circumstances.

Your claim must include—

- A description of why you have suffered a loss (for example, you think the amount withdrawn was incorrect);
- An estimate of the amount of your loss;
- An explanation of why the substitute check you received is insufficient to confirm that you suffered a loss; and
- A copy of the substitute check (and/or) the following information to help us identify the substitute check: the check number, the name of the person to whom you wrote the check, the amount of the check.