

# CERTIFICATE OF AUTHORITY

## For Deposit Accounts

<b>Account Holder(s):</b> WARREN COUNTY SCHOOL DISTRICT EMHS ATHLETIC ACCOUNT 6820 MARKET ST RUSSELL, PA 16345 <hr/> <b>SSN/TIN:</b> 251157816	<b>Financial Institution:</b> NORTHWEST BANK 100 LIBERTY STREET P.O. BOX 128 WARREN, PA 16365 <hr/> <b>Account Number(s):</b> 1166030765
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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is designated as the Financial Institution of and depository for the funds of the Account Holder, which may be withdrawn on checks, drafts, advices of debit, notes or other orders for the payment of monies bearing the following appropriate number of signatures: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 2 of the following named partners, employees or designated individuals of the Account Holder ("Agents"), whose actual signatures are shown below:

Names	Titles	Signatures
ERICKA ALM	PRINCIPAL	X
BETSY SOBKOWSKI	ASSISTANT PRINCIPAL	X
SHELLY DARTS	SECRETARY	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.

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: \_\_\_\_\_

**ACCOUNT HOLDER:**

WARREN COUNTY SCHOOL DISTRICT  
 6820 MARKET ST  
 RUSSELL, PA 16345

By: \_\_\_\_\_  
Name and Title of Authorized Representative

JUSTIN BROWN  
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ACCOUNT HOLDER NAMES: WARREN COUNTY SCHOOL DISTRICT

Account Holder Names:  
**WARREN COUNTY SCHOOL DISTRICT**  
**EMHS ATHLETIC ACCOUNT**

6820 MARKET ST  
Mailing Address: RUSSELL, PA 16345

Home Phone: (814) 723-9290      Work Phone:  
Number of Signatures Required: 2      CIF Number: WARRENC00  
Special Instructions:

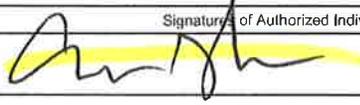
**ACCOUNT NUMBER:**  
1166030765

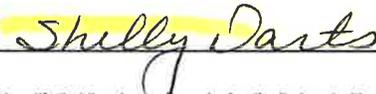
**ACCOUNT PURPOSE:** NON-PERSONAL  
**ACCOUNT TYPE:** Business Entity

**OWNERSHIP TYPE:** Municipal  
**DATE OPENED:**      **DATE REVISED:** 12/13/2019

**VERIFIED BY:**      **OPENED BY:** JUSTIN BROWN  
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Signatures of Authorized Individuals. This Agreement is subject to all terms below.

1X  
Name ERICKA ALM 

3X  
Name SHELLY DARTS 

2X  
Name BETSY SOBKOWSKI 

4X  
Name

Each of the Authorized Individual(s) certify that they have all required authority to act with respect to this account(s) and, jointly and severally, agree to indemnify and hold Financial Institution harmless from and against any loss or damage arising from such authority or lack thereof. Financial Institution has no responsibility or duty to assure or verify that Authorized Individual(s) have or are acting within the authority given them by the authorizing document or that such authorizing document is genuine or valid, even if Financial Institution has seen or retained a copy of such document.

The Authorized Individual(s) signing agree(s), jointly and severally if multiple signers, to the terms set forth in the Deposit Account Agreement and Disclosure, the Time Certificate of Deposit or Confirmation of Time Deposit Agreement (if applicable), the Rate and Fee Schedule, the Funds Availability Policy Disclosure, and Substitute Check Policy Disclosure, the Electronic Funds Transfer Agreement and Disclosure (if applicable), as amended by the Financial Institution from time to time. Each of the Authorized Individual(s) signing also acknowledges that the Financial Institution provided at least one copy of these deposit account documents.

**TIN/BACKUP WITHHOLDING**

**Reporting SSN/TIN:**

251157816

**IMPORTANT:** Under penalties of perjury, I certify that 1) the number shown above is my correct taxpayer identification number, 2) I am a U.S. citizen or other U.S. person (defined in the instructions), 3) I am exempt from reporting under the Foreign Account Tax Compliance Act (FATCA), and 4) that (check appropriate box):

- I am not subject to backup withholding, because I am exempt from backup withholding, or because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding.
- I am subject to backup withholding.

Signature of Authorized Individual X 

Date: 

For instructions, see Internal Revenue Service Form W-9 that is available at the Financial Institution.

The following information may be used to further identify individual(s) for telephone instructions, large transactions, or if a signature varies.

MMN = Mother's Maiden Name

**Signer #1:**      **SSN:**

Street:  
Mailing:  
Home Phone #:      Work Phone #:  
Employer:      Occupation:  
DOB:      Birth Place:  
DL/ID#:      MMN:

**Signer #2:**      **SSN:**

Street:  
Mailing:  
Home Phone #:      Work Phone #:  
Employer:      Occupation:  
DOB:      Birth Place:  
DL/ID#:      MMN:

**Signer #3:**      **SSN:**

Street:  
Mailing:  
Home Phone #:      Work Phone #:  
Employer:      Occupation:  
DOB:      Birth Place:  
DL/ID#:      MMN:

**Signer #4:**      **SSN:**

Street:  
Mailing:  
Home Phone #:      Work Phone #:  
Employer:      Occupation:  
DOB:      Birth Place:  
DL/ID#:      MMN:

**NOTE:** There may be only one Custodian for an account under the Uniform Transfers to Minors Act or the Uniform Gifts to Minors Act. All fiduciaries appointed by order of a court must each sign this signature card. Depositor's Authorization Documents have not been filed.

ACCOUNT NUMBER:

1166030765



\*NWG254\*



\*NWE0068\*



\*NWK1166030765\*