CERTIFICATE OF AUTHORITY

For Deposit Accounts

Account Holder(s):		Financial Institution:						
WARREN COUNTY SCHOOL DISTRICT SHEFFIELD HIGH SCHOOL ATHLETIC FUND 6820 MARKET ST RUSSELL, PA 16345 SSN/TIN: 251157816		NORTHWEST BANK 100 LIBERTY STREET P.O. BOX 128 WARREN, PA 16365 Account Number(s): 2126027834						
				IN CONSIDERATION OF the existing or proposed banking relationship between the above named Account Holder a for proving not for profit organization, and Financial Institution, the persons signing below jointly and severally and on behalf of the Account Holder represe 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 all assumed business names, if any, under which the Account Holder does business. The Account Holder filed assumed business name listings with to following governmental entities on the indicated dates:				
				Assumed Name(s):	Filed With:	Date(s):		
Institution of and depository for the funds payment of monies bearing the following a	of the Account Holder, which may be appropriate number of signatures:	t any one or more of its offices or branches, is designated as the Financial be withdrawn on checks, drafts, advices of debit, notes or other orders for the es or designated individuals of the Account Holder ("Agents"), whose actual						
Names	Titles	Signatures						
GLENN F SMITH	PRINCIPAL	x de FS						
JESSICA A FORTNER	PRINCIPAL	x f. work						
DARLENE HART	SECRETARY	* Darlere Nart						
		x						
		x						
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order of any Agent or Agents signing the st any of the Account Holder's accounts wit though drawn or endorsed to the order of such Agent or for deposit to the Agent's p circumstances of the issue or use of any the proceeds of the item.	iame. The Financial Institution is hin the Financial Institution bearing It any Agent signing the same or te ersonal account, and the Financia item signed in accordance with the	nd pay the same whether or not they are payable to bearer or to the individual ereby directed to accept and pay without further inquiry any item drawn agains the signature or signatures of Agents, as authorized above or otherwise, ever indered by such Agent for cashing or in payment of the individual obligation or I Institution shall not be required or be under any obligation to inquire as to the a resolutions contained herein, or the application or disposition of such item or see all checks, drafts, notes, and other items payable to or owned by Accour by the Financial Institution; and to accept drafts and other items payable at the						
Financial Institution. The above named agents are au	horized and empowered to executive manner conditions or purple	ute such other agreements, including, but not limited to, special depositor						
collected or withdrawn and to perform su	ich other acts as they deem reaso	nably necessary to carry out the provisions of these resolutions.						
amendment or revocation thereof shall h Financial Institution shall be indemnified authorization. Any such notice shall not a	ave been delivered to and receive and held harmless from any loss s iffect any items in process at the ti	Agents shall be and remain in full force and effect until written notice of an d by the Financial Institution at each location where an account is maintained uffered or any liability incurred by it in continuing to act in accordance with the me notice is given.						
The rights of Financial Institution unot accept this agreement for it to become	inder this agreement are in addition	on to any other rights Financial Institution may have. Financial Institution nee						
This agreement is dated:								
ACCOUNT HOLDER: WARREN COUNTY SCHOOL DISTRIC	т							
6820 MARKET ST RUSSELL, PA 16345	'							
Name and Title of Authorized	Representative							

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NANCY RULANDER 212 - Sheffield

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Account Holder Names: WARREN COUNTY SCHOOL DISTRICT SHEFFIELD HIGH SCHOOL ATHLETIC FUND 6820 MARKET ST Mailing Address: RUSSELL, PA 16345 Home Phone: (814) 723-9290 Work Phone: Number of Signatures Required: 2 CIF Number: WARRENCS00 VERIFIED BY: Signatures of Authorized Individuals. This Agreement is subject 1X Name GLENN F SMITH Signatures of Authorized Individuals, Cartify that they have all required authority to act with respect to this account(s) and, from and against any lose or dramage arising from such authority or lack thereof. Financial Institution has no responsible within the authority given them by the authorizing document or that such authority advantage arising from such authority or lack thereof. Financial Institution has no responsible within the authority given them by the authorizing document or that such authority advantage arising from such authority or lack thereof. Financial Institution has no responsible within the authority given them by the authorizing document or that such authority advantage arising from such authority or lack thereof. Financial Institution has no responsible within the authority given them by the authorizing document or that such authority advantage arising from such authority or lack thereof. Financial Institution has no responsible within the authority given them by the authorizing document or that such authority advantage are provided at least on the provided at least on exproyer files deposit account documents. Firm Deposit, Agreement (if applicable), the Rate and Fee Schedule, the Funds Availability Policy Disca Agreement and Disclassire (if applicable), as arranded by the Financial Institution from time to time. Each of the Authorized Individual (application to provided at least one copy of Pitted edeposit account documents. Firm Deposit, and the provided at least of proviny, I certify that 1) the number shown above is my correct taxpayir identification on 3) I am saxing to because the least of proving and the foreign Account Tax Compliance Act (FATCA),	DATE REVISED: 10/7/2020 OPENED BY: NANCY RULANDER 212 - Sheffield to all terms below. A FORTNER Intity and severally, agree to indemnify and hold Financial Institution harmless yo or duty to assure or verify that Authorized Individual(s) have or are acting Financial Institution has seen or retained a copy of such document.
ACCOUNT PURE NON-PERSON OWNERSHIP Y Municipal DATE OPENED: ## Mailing Address: RUSSELL, PA 16345 ## Mome Phone: (814) 723-9290 Work Phone: Number of Signatures Required: 2 CIF Number: WARRENCS00	A FORTNER Initity and severally, agree to indemnify and hold Financial Institution harmless by or duty to assure or verify that Authorized Individual(s) have or are acting Financial Institution has seen or retained a copy of such document.
Mailing Address: RUSSELL, PA 16345 Home Phone: (814) 723-9290	A FORTNER Initity and severally, agree to indemnify and hold Financial Institution harmless by or duty to assure or verify that Authorized Individual(s) have or are acting Financial Institution has seen or retained a copy of such document.
Mailing Address: RUSSELL, PA 16345 Home Phone: (814) 723-9290 Work Phone: Number of Signatures Required: 2 CIF Number: WARRENCS00 Special Instructions: Signatures of Authorized Individuals. This Agreement is subject 1x Name GLENN F SMITH 3x Name GLENN F SMITH Aware DARLENE HART Aware DARLENE HART Aware and signature of Authorized Individuals and Individual	A FORTNER Initity and severally, agree to indemnify and hold Financial Institution hamless by or duty to assure or verify that Authorized Individual(s) have or are acting Financial Institution has seen or retained a copy of such document.
Mailing Address: RUSSELL, PA 16345 Home Phone: (814) 723-9290	A FORTNER Initity and severally, agree to indemnify and hold Financial Institution harmless by or duty to assure or verify that Authorized Individual(s) have or are acting Financial Institution has seen or retained a copy of such document.
DATE OPENED: Home Phone: (814) 723-9290	A FORTNER Initity and severally, agree to indemnify and hold Financial Institution harmless by or duty to assure or verify that Authorized Individual(s) have or are acting Financial Institution has seen or retained a copy of such document.
Number of Signatures Required: 2 CIF Number: WARRENCS00 VERIFIED BY: Special Instructions: Signatures of Authorized Individuals. This Agreement is subject 1 X Name GLENN F SMITH Ax Name GLENN F SMITH Sax Name DARLENE HART Ax Name DARLENE HART Ax Name DARLENE HART Ax Name Signatures of Authorized Individual(s) certify that they have all required authority to act with respect to this account(s) and, if on and against any loss or damage arising from such authority or lack thereof. Financial Institution has no responsibly within the authority given their only the authorizing document or that such authorizing document is genuine or valid, even in the buttonizent and Disclosure (if applicable), it is amended by the Financial Institution from time to time. Each of the Authorized and Individual(s) policy Disclogreement and Disclosure (if applicable), as amended by the Financial Institution from time to time. Each of the Authorized aleast one copy of these deposit account documents. INVBACKUP WITHHOLDING MPDITANT: Under penalties of perjury, I certify that 1) the number shown above is my correct taxpayer identification in the plant of the properties of the Authorized Individual in the Security of the Properties of the Authorized Individual in the Properties of Authorized	A FORTNER Initity and severally, agree to indemnify and hold Financial Institution hamless by or duty to assure or verify that Authorized Individual(s) have or are acting Financial Institution has seen or retained a copy of such document.
Special Instructions: Signatures of Authorized Individuals. This Agreement is subject	A FORTNER Initity and severally, agree to indemnify and hold Financial Institution hamless by or duty to assure or verify that Authorized Individual(s) have or are acting Financial Institution has seen or retained a copy of such document.
Signatures of Authorized Individuals. This Agreement is subject 1x Name GLENN F SMITH 2x Name DARLENE HART 3x Name 3x Name DARLENE HART 3x Name 3x Name DARLENE HART 3x Name 4x Nam	A FORTNER Initity and severally, agree to indemnify and hold Financial Institution hamless by or duty to assure or verify that Authorized Individual(s) have or are acting Financial Institution has seen or retained a copy of such document.
Name GLENN F SMITH As Name GLENN F SMITH As Name DARLENE HART As Date of the Authorized Individual(s) certify that they have all required authority to act with respect to this account(s) and, if om and against any loss or damage arising from such authority or lack thereof. Financial Institution has no responsible within the authorized Individual(s) signing agree(s), into authorizing document or that such authorizing document is grantine or valid, even in the Authorized Individual(s) signing agree(s), intitly and severally if multiple signers, to the terms set forth in the De confirmation of Time Deposit Agreement (if applicable), the Rate and Fee Schedule, the Funds Availability Policy Disclegraement and Disclosure (if applicable), as amended by the Financial Institution from time to time. Each of the Authorized Individual (s) signers are considered at least one copy of these deposit account documents. IN/BACKUP WITHHOLDING Reporting SSN/TIM MPDRTANT: Under penalties of perjury, 1 certify that 1) the number shown above is my correct asyary identification in 1 am exempt from reporting under the Foreign Account Tax Compliance Act (FATCA), and 4) that (check appropriate to 1 am not subject to backup withholding, because I am exempt from backup withholding, or because I have not been to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding. If me following information may be used to further identify individual(s) for telephone instructions, large transactions, or if its signer #1: Street: Mailing: Home Phone #: Employer: Occupation: Birth Place: Mailing: Home Phone #: Cocupation: Birth Place: Mailing: Home Phone #: Cocupation: Birth Place: Mailing: Home Phone #: Street: Mailing: Math Place: Mailing: Math Place: Mailing:	A FORTNER John James J
Name GLENN F SMITH 3x Name DARLENE HART Adult Hart Sach of the Authorized Individual(s) certify that they have all required authority to act with respect to this account(s) and, join and against any loss or damage arising from such authority or lack thereof. Financial Institution has no responsibilithin the authorized Individual(s) signing agree(s), jointly and severally if multiple signers, to the terms set forth in the Deposit Agreement (if applicable), the Rate and Fee Schedule, the Funds Availability Policy Discigners are all the Funds Availability Policy Discigners and Disclosure (if applicable), as amended by the Financial Institution from time to time. Each of the Authorized at least one copy of these deposit account documents. Reporting SSN/TIM #PORTANT: Under penalties of perjury, I certify that 1) the number shown above is my correct taxpayer identification at least more propring under the Foreign Account Tax Compliance Act (FATCA), and 4) that (check appropriate to 1) am exempt from reporting under the Foreign Account Tax Compliance Act (FATCA), and 4) that (check appropriate to be propring under the Foreign Account Tax Compliance Act (FATCA), and 4) that (check appropriate to report all interest or dividends, or because the RS has notified me that I am no longer subject to backup withholding, or 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, targe transactions, or if its signer #1: Signer #1: Signer #1: Signer #2: Signer #2: Signer #2: Signer #3: Signer #3: Signer #3: Signer #3: Signer #3: Signer #3:	intly and severally, agree to indemnify and hold Financial Institution harmless by or duty to assure or verify that Authorized Individual(s) have or are acting Financial Institution has seen or retained a copy of such document.
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Each of the Authorized Individual(s) certify that they have all required authority to act with respect to this account(s) and, it form and against any loss or damage arising from such authority or lack thereof. Financial institution has no responsibly within the authorized Individual(s) signing agree(s), jointly and severally if multiple signers, to the terms set forth in the Deconfirmation of Time Deposit Agreement (if applicable), the Rate and Fee Schedule, the Funds Availability Policy Disci Agreement and Disclosure (if applicable) as amended by the Financial Institution from time to time. Each of the Authorized data least one copy of these deposit account documents. FINIBACKUP WITHHOLDING Reporting SNATIN MPORTANT: Under penalties of perjury, I certify that 1) the number shown above is my correct taxpare identification in 3) an exempt from reporting under the Foreign Account Tax Compliance Act (FATCA), and 4) that (check appropriate to 1) am not subject to backup withholding, because I am exempt from backup withholding, or because I have not been to report all interests or dividends, or because the IRS has notified me that I am no longer subject to backup withholding. Signature of Authorized Individual X-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 it is signer #1: SSN: Street: Mailing: Home Phone #: Employer: Occupation: Signer #2: SSN: Street: Mailing: Work Phone #: Occupation: Mork Phone #: Employer: Occupation: Signer #3: SSN: Street: Mailing:	intly and severally, agree to indemnify and hold Financial Institution harmless y or duty to assure or verify that Authorized Individual(s) have or are acting Financial Institution has seen or retained a copy of such document. osit Account Agreement and Disclosure, the Time Certificate of Deposit or
Each of the Authorized Individual(s) certify that they have all required authority to act with respect to this account(s) and, irom and against any loss or damage arising from such authority or lack thereof. Financial Institution has no responsibility in the authority given them by the authorizing document or hat such authorizing document is genuine or valid, even if the Authorized Individual(s) signing agree(s), jointly and severally if multiple signers, to the terms set forth in the De Confirmation of Time Deposit Agreement (if applicable), the Rate and Fee Schedule, the Funds Availability Policy Disch Agreement and Disclosure (if applicable) as amended by the Financial Institution from time to time. Each of the Authorized at least one copy of these deposit account documents. INVEACKUP WITHHOLDING Reporting SSN/TIM MPDRTANT: Under penalties of perjury, I certify that 1) the number shown above is my correct taxpayer identification in the local part of the part of the Authorized Individual of the Foreign Account Tax Compliance Act (FATCA), and 4) that (check appropriate to an exempt from reporting under the Foreign Account Tax Compliance Act (FATCA), and 4) that (check appropriate to be part at interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding. If an subject to backup withholding, because I am exempt from backup withholding, or because I have not been to be part at interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding. Signature of Authorized Individual X 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 it is provided at the part of the part	Financial Institution has seen or retained a copy of such document.
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Hollie t Holle II.	
Employer: Occupation:	
Pinth Bloom	
DOB: Bittl Place. DL/ID#: MMN:	
Signer #4: SSN:	
Street:	340
Mailing:	
Home Phone #: Work Phone #:	
Employer: Occupation:	
DOB: Birth Place: 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.







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