mless acting sist or insfer flution dions),	ACCOUNT HOLDER NAMES: WARREN COUNTY SCHOOL DISTRICT
lame	
	ACCO

Account Holder Names: WARREN COUNTY SCHOOL DI EHS ACTIVITY ACCOUNT 6820 MARKET ST Mailing Address: RUSSELL, PA 163		ACCOUNT NUMBER: 1166030773 ACCOUNT PURPOSE: NON-PERSONAL OWNERSHIP TYPE: Informal Ord Assoc DATE OPENED:	ACCOUNT TYPE: Business Entity DATE REVISED:
Home Phone: (814) 723-9290	Work Phone:		12/13/2017
Number of Signatures Required: 2	CIF Number: WARRENCS00	VERIFIED BY:	OPENED BY:
Special Instructions:			JENNIE MILLER 116 - Warren Commons

1x 2xName ERICKA ALM Name KAREN WILTSIE 3x 4x Name ERIC E MINEWEASER 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 han 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 a within the authority given them by the authorizing document or that such authorizing document or 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 Depo 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 are 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 from time to time. 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 instruction) 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 fi 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 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 = Molher's Maiden N 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: SSN: Signer #4: Street: Mailing: Work Phone #: Home Phone #: 166030773 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.

PA (092013) #7036e

© Harland Financial Solutions Inc. 2001, 2013. All Rights Reserved.





CERTIFICATE OF AUTHORITY

For Deposit Accounts

	For D	eposit Acc	ounts		
Account Holder(s):			Financial institution	on:	
WARREN COUNTY SCHOOL DISTRICT EHS ACTIVITY ACCOUNT			NORTHWEST BA 100 LIBERTY STE P.O. BOX 128		
6820 MARKET ST RUSSELL, PA 16345			WARREN, PA 163	365	
SSN/TIN: 251157816			Account Number	lumber(s): 1166030773	
not for profit organization, and Financial Institution and agree with Financial Institution	Itution, the perso ution that; above is the co a Account Holder	ons signing bel mplete and co	ow jointly and sever	scount Holder. The following is a complete list of	
Assumed Name(s):	Filed With:			Date(s):	
Institution of and depository for the funds of the Acco payment of monies bearing the following appropriate	unt Holder, which number of signa	h may be witho itures:	Irawn on checks, dr	fices or branches, is designated as the Financial afts, advices of debit, notes or other orders for the s of the Account Holder ("Agents"), whose actual	
signatures are shown below:				, , , , , , , , , , , , , , , , , , , ,	
Names	Titles		Signatu	res	
ERICKA ALM	AUTHORIZED	SIGNER	x		
KAREN WILTSIE	AUTHORIZED	SIGNER	x		
ERIC E MINEWEASER	AUTHORIZED	SIGNER	x		
			x		
				=======================================	
_					
			X		
order of any Agent or Agents signing the same. The Fi any of the Account Holder's accounts with the Finach hough drawn or endorsed to the order of any Agent such Agent or for deposit to the Agent's personal acco- circumstances of the issue or use of any item signed the proceeds of the item.	inancial Institution in Institution beasigning the same bunt, and the Findin accordance with authorized to en	n is hereby dire aring the signa or tendered b ancial institution ith the resolution	ected to accept and ture or signatures of y such Agent for ca- on shall not be requi ons contained herein cks, drafts, notes, a	f Agents, as authorized above or otherwise, even shing or In payment of the individual obligation of red or be under any obligation to inquire as to the in, or the application or disposition of such item or and other items payable to or owned by Account	
The above named agents are authorized and agreements and arrangements regarding the manne collected, or withdrawn and to perform such other act	r, conditions, or	purposes for v	vhich funds, checks		
Duration. The authority hereby conferred upon amendment or revocation thereof shall have been del Financial Institution shall be indemnified and held harm authorization. Any such notice shall not affect any item	lvered to and rec nless from any lo	ceived by the Foss suffered or	inancial Institution a any liability incurred		
ot accept this agreement for it to become effective.	eement are in ac	ddition to any o	other rights Financia	al Institution may have. Financial Institution need	
his agreement Is dated:					
CCOUNT HOLDER:					
VARREN COUNTY SCHOOL DISTRICT 320 MARKET ST USSELL, PA 16345					
у:					
Name and Title of Authorized Representative)				
47					
6					

XS 190218L0 (C2968e) (032015) © 2001, 2015 D+H USA Corporation





JENNIE MILLER 116 - Warren Commons

(Page 1 of 1)



CERTIFICATE OF AUTHORITY

For Deposit Accounts

Account Holder(s): WARREN COUNTY SCHOOL DISTRICT EHS ATHLETIC ACCOUNT		Finai	ncial institution	on:
		1	TI 0 1/5 :	
		100	RTHWEST BA LIBERTY STF . BOX 128	
6820 MARKET ST RUSSELL, PA 16345			RREN, PA 163	365
SSN/TIN: 251157816		Acc	ount Number	(s): 1166030773
ont for profit organization, and Financial Is to Financial Institution and agree with Financial In Account Holder. The Account Holder nan all assumed business names, if any, under which following governmental entities on the indicated of	nstitution, the personstitution that: ned above is the conthe Account Holde dates:	ons signing below joi	ntly and sever	bove named Account Holder a for profit ally and on behalf of the Account Holder represent account Holder. The following is a complete list of der filed assumed business name listings with the
Assumed Name(s):	Filed With:			Date(s):
Institution of and depository for the funds of the A payment of monies bearing the following appropri	ccount Holder, whic iate number of signa	h may be withdrawn atures:	on checks, dr	I fices or branches, is designated as the Financia afts, advices of debit, notes or other orders for the s of the Account Holder ("Agents"), whose actua
Names	Titles		Signatu	res
ERICKA ALM	AUTHORIZED	SIGNER	x	
KAREN WILTSIE	AUTHORIZED	SIGNER		
ERIC E MINEWEASER	AUTHORIZED	SIGNER		
	1			
order of any Agent or Agents signing the same. The many of the Account Holder's accounts with the Fin hough drawn or endorsed to the order of any Agentuch Agent or for deposit to the Agent's personal intercurstances of the issue or use of any item signine proceeds of the item. Agent's Authority. Any one of such Agent older for deposit with the Financial Institution, or inancial Institution. The above named agents are authorized agreements and arrangements regarding the mail offected, or withdrawn and to perform such other the Duration. The authority hereby conferred a mendment or revocation thereof shall have been inancial Institution shall be indemnified and held uthorization. Any such notice shall not affect any	re Financial Institution ancial Institution becant signing the same account, and the Finited in accordance with the signification of the significant and empowered to nner, conditions, or acts as they deem rupon the above nar delivered to and rehamless from any Items in process at agreement are in a	in is hereby directed aring the signature of a or tendered by such ancial Institution sharith the resolutions of andorse all checks, or count by the Financial execute such other purposes for which reasonably necessar med Agents shall be ceived by the Financial statements of the purposes suffered or any the time notice is given.	to accept and r signatures on Agent for ca all not be requi- ontained herei- drafts, notes, a l Institution; an agreements, funds, checks y to carry out and remain i all Institution; aiability incurre en,	not they are payable to bearer or to the individual pay without further inquiry any Item drawn against of Agents, as authorized above or otherwise, even shing or in payment of the individual obligation of ired or be under any obligation to inquire as to the in, or the application or disposition of such item or and other items payable to or owned by Account not to accept drafts and other Items payable at the including, but not limited to, special depository in the provisions of these resolutions. In full force and effect until written notice of any at each location where an account is maintained, d by it in continuing to act in accordance with this all Institution may have. Financial Institution need
B20 MARKET ST USSELL, PA 16345				
y:				
Name and Title of Authorized Represent	alive			

XS 190218L0 (C2958e) (032015) © 2001, 2015 D+H USA Corporation

NWG386

NWE8068

JENNIE MILLER 116 - Warren Commons

(Page 1 of 1)



۶
'n
Ċ
2
2
=
프
2
Ċ
IT
Z
Z
≥
≦
Π,
5
⋝
<u> </u>
ũ
П
Z
0
EN COUN
Č
Z
\dashv
<
Ś
<u>Ω</u>
픗
Õ
$\underline{\circ}$
SCHOOL D
$\underline{\mathbf{v}}$
S
_:
20
Q

Account Holder Names: WARREN COUNTY SCHOOL DIS EHS ATHLETIC ACCOUNT 6820 MARKET ST		ACCOUNT NUMBER: 1166030773 ACCOUNT PURPOSE: NON-PERSONAL OWNERSHIP TYPE:	ACCOUNT TYPE: Business Entity
Mailing Address: RUSSELL, PA 1634		Informal Org Assoc DATE OPENED:	DATE REVISED: 12/13/2017
Home Phone: (814) 723-9290 Number of Signatures Required: 2	Work Phone: CIF Number: WARRENCS00	VEDICIED BY:	
Number of Signatures Required: 2 Special Instructions:	GIF Number: WARRENGSOO	VERIFIED BY:	OPENED BY: JENNIE MILLER
			116 - Warren Commons
	Signatures of Authorized Individuals	, This Agreement is subject to all terms below	
1x		2x	5
Name ERICKA ALM		Name KAREN WILTSIE	
3x	9	4x	
Name ERIC E MINEWEASER		Name	
provided at least one copy of these deposit accorning to the control of the contr	unt documents. y that 1) the number shown above is my corre- Account Tax Compliance Act (FATCA), and 4	Reporting SSN/TIN: ct taxpayer identification number, 2) I am a U.i) that (check appropriate box): because I have not been notified by the IRS the) signing also acknowledges that the Financial Institution 251157816 S. citizen or other U.S. person (defined in the instructions), nat I am subject to backup withholding as a result of failure
Signature of Authorized Individual X			Date:
The following information may be used to further	identily individual(s) for telephone instructions		MMN = Mother's Maiden Name
Signer #1:			
Street: Mailing:		SSN:	
Home Phone #:		SSN:	
Employer:		Work Phone #:	
Employer: DOB:			
DOB:		Work Phone #: Occupation:	
		Work Phone #: Occupation: Birth Place:	
DOB: DL/ID#:		Work Phone #: Occupation: Birth Place: MMN:	
DOB: DL/ID#: Signer #2: Street: Mailing:		Work Phone #: Occupation: Birth Place: MMN: SSN:	
DOB: DL/ID#: Signer #2: Street: Mailing: Home Phone #:		Work Phone #: Occupation: Birth Place: MMN: SSN:	
DOB: DL/ID#: Signer #2: Street: Mailing: Home Phone #: Employer:		Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation:	
DOB: DL/ID#: Signer #2: Street: Mailing: Home Phone #: Employer: DOB:		Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place:	
DOB: DL/ID#: Signer #2: Street: Mailing: Home Phone #: Employer: DOB: DL/ID#:		Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place: MMN:	
DOB: DL/ID#: Signer #2: Street: Mailing: Home Phone #: Employer: DOB: DL/ID#: Signer #3:		Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place:	
DOB: DL/ID#: Signer #2: Street: Mailing: Home Phone #: Employer: DOB: DL/ID#: Signer #3: Street:		Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place: MMN:	
DOB: DL/ID#: Signer #2: Street: Mailing: Home Phone #: Employer: DOB: DL/ID#: Signer #3: Street: Mailing:		Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place: MMN: SSN:	7
DOB: DL/ID#: Signer #2: Street: Mailing: Home Phone #: Employer: DOB: DL/ID#: Signer #3: Street: Mailing: Home Phone #:		Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place: MMN: SSN:	7
DOB: DL/ID#: Signer #2: Street: Mailing: Home Phone #: Employer: DOB: DL/ID#: Signer #3: Street: Mailing: Home Phone #: Employer:		Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation:	7/
DOB: DL/ID#: Signer #2: Street: Mailing: Home Phone #: Employer: DOB: DL/ID#: Signer #3: Street: Mailing: Home Phone #: Employer: DOB:		Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place: Birth Place: Birth Place:	7
DOB: DL/ID#: Signer #2: Street: Mailing: Home Phone #: Employer: DOB: DL/ID#: Signer #3: Street: Mailing: Home Phone #: Employer: DOB: DL/ID#:		Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place: MMN: Occupation: Birth Place: MMN:	7
DOB: DL/ID#: Signer #2: Street: Mailing: Home Phone #: Employer: DOB: DL/ID#: Signer #3: Street: Mailing: Home Phone #: Employer: DOB: DL/ID#: Signer #4:		Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place: Birth Place: Birth Place:	
DOB: DL/ID#: Signer #2: Street: Mailing: Home Phone #: Employer: DOB: DL/ID#: Signer #3: Street: Mailing: Home Phone #: Employer: DOB: DL/ID#: Signer #4: Street:		Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place: MMN: Occupation: Birth Place: MMN:	
DOB: DL/ID#: Signer #2: Street: Mailing: Home Phone #: Employer: DOB: DL/ID#: Signer #3: Street: Mailing: Home Phone #: Employer: DOB: DL/ID#: Signer #4: Signer #4: Street: Mailing:		Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place: MMN: SSN:	
DOB: DL/ID#: Signer #2: Street: Mailing: Home Phone #: Employer: DOB: DL/ID#: Signer #3: Street: Mailing: Home Phone #: Employer:		Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place: MMN: SSN: Work Phone #: Occupation: Birth Place: MMN: Occupation: 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.

Birth Place:

MMN:

DOB:

DL/ID#:



