

CERTIFICATE OF AUTHORITY

For Deposit Accounts

Account Holder(s):WARREN COUNTY SCHOOL DISTRICT SHEFFIELD HIGH SCHOOL
ACTIVITY ACCOUNT6820 MARKET ST
RUSSELL, PA 16345

SSN/TIN: 251157816

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

Account Number(s): 2126016803

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is designated as the Financial Institution of and depository for the funds of the Account Holder, which may be withdrawn on checks, drafts, advices of debit, notes or other orders for the payment of monies bearing the following appropriate number of signatures: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
GLENN SMITH		X <u>Glenn Smith</u>
DARLENE HART		X <u>Darlene Hart</u>
SUSAN NICHOLS		X <u>Susan Nichols</u>
		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.

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: 12-3-21

ACCOUNT HOLDER:WARREN COUNTY SCHOOL DISTRICT
6820 MARKET ST
RUSSELL, PA 16345

By: _____
Name and Title of Authorized Representative

AMANDA CAMPBELL
212 - Sheffield

NWG386



NWE8068



NWK251157816

ACCOUNT HOLDER NAMES: WARREN COUNTY SCHOOL DISTRICT

Account Holder Names: WARREN COUNTY SCHOOL DISTRICT SHEFFIELD HIGH SCHOOL ATHLETIC FUND 6820 MARKET ST Mailing Address: RUSSELL, PA 16345		ACCOUNT NUMBER: 2126027834	
ACCOUNT PURPOSE: NON-PERSONAL		ACCOUNT TYPE: Business Entity	
OWNERSHIP TYPE: Municipal		DATE REVISED: 12/3/2021	
DATE OPENED:		OPENED BY: AMANDA CAMPBELL 212 - Sheffield	
VERIFIED BY:			
Home Phone: (814) 723-9290	Work Phone:		
Number of Signatures Required: 2	CIF Number: WARRENCSD00		
Special Instructions:			

Signatures of Authorized Individuals. This Agreement is subject to all terms below.

1x Name GLENN SMITH	2x Name DARLENE HART
3x Name SUSAN NICHOLS	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:

12-3-21

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:		Work Phone #:	
Mailing:		Occupation:	
Home Phone #:		Birth Place:	
Employer:		MMN:	
DOB:			
DL/ID#:			
Signer #2:		SSN:	
Street:		Work Phone #:	
Mailing:		Occupation:	
Home Phone #:		Birth Place:	
Employer:		MMN:	
DOB:			
DL/ID#:			
Signer #3:		SSN:	
Street:		Work Phone #:	
Mailing:		Occupation:	
Home Phone #:		Birth Place:	
Employer:		MMN:	
DOB:			
DL/ID#:			
Signer #4:		SSN:	
Street:		Work Phone #:	
Mailing:		Occupation:	
Home Phone #:		Birth Place:	
Employer:		MMN:	
DOB:			
DL/ID#:			

ACCOUNT NUMBER:

2126027834

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.



NWG254



NWE0068



NWK2126027834

ACCOUNT HOLDER NAMES: WARREN COUNTY SCHOOL DISTRICT

ACCOUNT NUMBER:

2126027834

5x Name	6x Name
7x Name	8x Name
9x Name	10x Name

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 #5:	SSN:
Street:	
Mailing:	
Home Phone #:	Work Phone #:
Employer:	Occupation:
DOB:	Birth Place:
DL/ID#:	MMN:
Signer #6:	SSN:
Street:	
Mailing:	
Home Phone #:	Work Phone #:
Employer:	Occupation:
DOB:	Birth Place:
DL/ID#:	MMN:
Signer #7:	SSN:
Street:	
Mailing:	
Home Phone #:	Work Phone #:
Employer:	Occupation:
DOB:	Birth Place:
DL/ID#:	MMN:
Signer #8:	SSN:
Street:	
Mailing:	
Home Phone #:	Work Phone #:
Employer:	Occupation:
DOB:	Birth Place:
DL/ID#:	MMN:
Signer #9:	SSN:
Street:	
Mailing:	
Home Phone #:	Work Phone #:
Employer:	Occupation:
DOB:	Birth Place:
DL/ID#:	MMN:
Signer #10:	SSN:
Street:	
Mailing:	
Home Phone #:	Work Phone #:
Employer:	Occupation:
DOB:	Birth Place:
DL/ID#:	MMN:
Beneficiary/Payee Name and Address:	SSN: