F&M BANK

PUBLIC AGENCY

FACSIMILE/ELECTRONIC SIGNATURE AGREEMENT

Agreement regarding Facsimile/Electronic Signatures (Rubber Signature Stamps, etc.) Not for Instructions received through Facsimile Transmission such as through Facsimile (FAX) machine.

City of Lodi
Customer/Account Name

Account Number (s) [redacted]

Farmers & Merchants Bank of Central California ("Bank") and the Customer named above agree as follows:

1. Bank may honor checks or drafts for the payment of money drawn on Customer's above- described accounts when the items bear or appear to bear the facsimile/electronic signature of any of the following persons:

Print Name	Signature	Facsimile
Jamie N. Barsky		
Print Name	Signature	Facsimile
Print Name	Signature	Facsimile

2. Bank may, but shall be under no obligation to, honor and charge Customer for such items, regardless of by whom or by what means the actual or purported facsimile signature has been made, provided the facsimile signature resembles, in Bank's reasonable, good faith judgment, the signature or the facsimile or electronic specimen, which Customer has filed with Bank.

3. All previous authorizations for the signing and honoring of checks, drafts or other orders for the payment of money drawn on Bank by Customer are continued in full force and effect.

4. Customer agrees to hold Bank harmless and indemnify Bank from and against any and against any and all loss, cost, expense, including reasonable attorney's fees, resulting
from Bank acting upon such authorization which Bank reasonably believes to have come from or been made by Customer.

5. Bank may terminate this agreement at any time with or without cause or prior notice.

6. The undersigned represents and warrants to Bank that it has taken appropriate steps to secure access to any Facsimile/Electronic Signatures, and will promptly notify Bank if any means to provide Facsimile/Electronic Signatures are lost or stolen.

Dated: _____, 20 __ _____
Authorized Signature

Title: _____

AUTHORIZATION

By Public Agency

By signing below, you certify and agree that:

1. The persons signing below are authorized officials of _____
Name of Public Agency
and authorize the person signing on the Facsimile/Electronic Signature Agreement to enter into a Facsimile Signature/Electronic Agreement with Farmers & Merchants Bank of Central California.

2. This Authorization is in addition to any other authorization in effect and shall remain in force until Farmers & Merchants Bank of Central California receives a written notice of its revocation at each location where the accounts are maintained from the Legislative Body of this public agency.

Date:_____

By:_____ Title:_____

By:_____ Title:_____

SIGNATURE CARD

ACCOUNT AGREEMENT

FARMERS & MERCHANTS BANK OF CENTRAL CA
LODI OFFICE (C)
PO BOX 3000
LODI, CA 95241-1902
(800) 888-1498

Agreement Date: 05/22/1972 By: Lisa Engelhardt

☒ EXISTING Account - This agreement replaces previous agreement(s).

Account Description:
PUBLIC FUNDS DDA

☒ Checking ☐ Savings ☐ NOW ☐ _____

Initial Deposit $ _____ Source: _____

Account Number: [redacted]

Account Owner(s) Name & Address
CITY OF LODI
P O BOX 3006
LODI CA 95241

Revised Date: 06/25/2026
CHANGE ACCOUNT SIGNERS

Additional Information:

NONE
NONE

Ownership of Account - CONSUMER Purpose

☐ Individual ☐ _____
☐ Joint Account ☐ Tenancy in Common Account
☐ Community Property Account of Spouses
☐ Joint Account of Spouses With Right of Survivorship
☐ Trust - Separate Agreement: _____

☐ Totten Trust or ☐ Pay-on-Death Designation as Defined in this Agreement
(Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

☐ Sole Proprietorship ☐ Single-Member LLC ☐ Partnership
☐ LLC *(LLC tax classification:* ☐ *C Corp* ☐ *S Corp* ☐ *Partnership)*
☐ C Corporation ☐ S Corporation ☐ *Non-Profit*
☒ Public Funds
Business: CITY OF LODI

Backup Withholding Certifications *(Non-"U.S. Persons" - Use separate Form W-8)*

☒ By signing at right, I, JENNELLE L BAKER BECHTHOLD, certify under penalties of perjury that the statements made in this section are true.

☒ **TIN:** 94-6000361 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

☒ **Not Subject to Backup Withholding.** I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **Exempt Recipient.** I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

☒ Terms & Conditions ☒ Truth in Savings ☒ Funds Availability
☒ Electronic Fund Transfers ☒ Privacy ☒ Substitute Checks
☒ Common Features ☒ Cust Agrmnt&SOC Bks I&II

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X JENNELLE L BAKER BECHTHOLD]
I.D. # [redacted] D.O.B. [redacted]

(2): [X KARA J REDDIG]
I.D. # [redacted] D.O.B. [redacted]

(3): [X JAMIE N BANDY]
I.D. # [redacted] D.O.B. [redacted]

(4): [X UNUSED SIGNATURE LINE]
I.D. # _____ D.O.B. _____

☐ Authorized Signer (Individual Accounts Only)

[X UNUSED SIGNATURE LINE]
I.D. # _____ D.O.B. _____

SIGNATURE CARD

ACCOUNT AGREEMENT

FARMERS & MERCHANTS BANK OF CENTRAL CA
LODI OFFICE (C)
PO BOX 3000
LODI, CA 95241-1902
(800) 888-1498

Agreement Date: 06/25/2026 By: Lisa Engelhardt

☐ EXISTING Account - This agreement replaces previous agreement(s).

Account Description:
PUBLIC FUNDS DDA

☒ Checking ☐ Savings ☐ NOW ☐ _____

Initial Deposit $ _____ Source: _____

Account Number: [redacted]

Account Owner(s) Name & Address
CITY OF LODI
GENERAL LIABILITY ACCOUNT
PO BOX 3006
LODI CA 95241

Additional Information:

NONE
NONE

Ownership of Account - CONSUMER Purpose

☐ Individual ☐ _____
☐ Joint Account ☐ Tenancy in Common Account
☐ Community Property Account of Spouses
☐ Joint Account of Spouses With Right of Survivorship
☐ Trust - Separate Agreement: _____

☐ Totten Trust or ☐ Pay-on-Death Designation as Defined in this Agreement
(Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

☐ Sole Proprietorship ☐ Single-Member LLC ☐ Partnership
☐ LLC *(LLC tax classification:* ☐ *C Corp* ☐ *S Corp* ☐ *Partnership)*
☐ C Corporation ☐ S Corporation ☐ *Non-Profit*
☒ Public Funds
Business: CITY OF LODI

Backup Withholding Certifications *(Non-"U.S. Persons" - Use separate Form W-8)*

☒ By signing at right, I, JENNELLE L BAKER BECHTHOLD, certify under penalties of perjury that the statements made in this section are true.

☒ **TIN:** 94-6000361 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

☒ **Not Subject to Backup Withholding.** I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **Exempt Recipient.** I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

☒ Terms & Conditions ☒ Truth in Savings ☒ Funds Availability
☒ Electronic Fund Transfers ☒ Privacy ☒ Substitute Checks
☒ Common Features ☒ Cust Agrmnt&SOC Bks I&II

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X JENNELLE L BAKER BECHTHOLD]
I.D. # [redacted] D.O.B. [redacted]

(2): [X KARA J REDDIG]
I.D. # [redacted] D.O.B. [redacted]

(3): [X JAMIE N BANDY]
I.D. # [redacted] D.O.B. [redacted]

(4): [X UNUSED SIGNATURE LINE]
I.D. # _____ D.O.B. _____

☐ Authorized Signer (Individual Accounts Only)

[X UNUSED SIGNATURE LINE]
I.D. # _____ D.O.B. _____

SIGNATURE CARD

ACCOUNT AGREEMENT

FARMERS & MERCHANTS BANK OF CENTRAL CA
LODI OFFICE (C)
PO BOX 3000
LODI, CA 95241-1902
(800) 888-1498

Agreement Date: 01/16/2007 By: Lisa Engelhardt

☐ EXISTING Account - This agreement replaces previous agreement(s).

Account Description:
MONEY MARKET-NP

☐ Checking ☐ Savings ☐ NOW ☒ Money Market

Initial Deposit $ _____ Source: _____

Account Number: [redacted]

Account Owner(s) Name & Address
CITY OF LODI
P O BOX 3006
LODI CA 95241

Additional Information:

NONE
NONE

Ownership of Account - CONSUMER Purpose

☐ Individual ☐ _____
☐ Joint Account ☐ Tenancy in Common Account
☐ Community Property Account of Spouses
☐ Joint Account of Spouses With Right of Survivorship
☐ Trust - Separate Agreement: _____

☐ Totten Trust or ☐ Pay-on-Death Designation as Defined in this Agreement
(Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

☐ Sole Proprietorship ☐ Single-Member LLC ☐ Partnership
☐ LLC *(LLC tax classification:* ☐ *C Corp* ☐ *S Corp* ☐ *Partnership)*
☐ C Corporation ☐ S Corporation ☐ *Non-Profit*
☒ Public Funds
Business: CITY OF LODI

Backup Withholding Certifications *(Non-"U.S. Persons" - Use separate Form W-8)*

☒ By signing at right, I, JENNELLE L BAKER BECHTHOLD, certify under penalties of perjury that the statements made in this section are true.

☒ **TIN:** 94-6000361 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

☒ **Not Subject to Backup Withholding.** I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **Exempt Recipient.** I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

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☒ Electronic Fund Transfers ☒ Privacy ☒ Substitute Checks
☒ Common Features ☒ Cust Agrmnt&SOC Bks I&II

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X JENNELLE L BAKER BECHTHOLD]
I.D. # [redacted] D.O.B. [redacted]

(2): [X KARA J REDDIG]
I.D. # [redacted] D.O.B. [redacted]

(3): [X JAMIE N BANDY]
I.D. # [redacted] D.O.B. [redacted]

(4): [X UNUSED SIGNATURE LINE]
I.D. # _____ D.O.B. _____

☐ Authorized Signer (Individual Accounts Only)

[X UNUSED SIGNATURE LINE]
I.D. # _____ D.O.B. _____

SIGNATURE CARD

ACCOUNT AGREEMENT

FARMERS & MERCHANTS BANK OF CENTRAL CA
LODI OFFICE (C)
PO BOX 3000
LODI, CA 95241-1902
(800) 888-1498

Agreement Date: 09/14/2004 By: Lisa Engelhardt

☐ EXISTING Account - This agreement replaces previous agreement(s).

Account Description:
PUBLIC FUNDS DDA

☒ Checking ☐ Savings ☐ NOW ☐ _____

Initial Deposit $ _____ Source: _____

Ownership of Account - CONSUMER Purpose

☐ Individual ☐ _____
☐ Joint Account ☐ Tenancy in Common Account
☐ Community Property Account of Spouses
☐ Joint Account of Spouses With Right of Survivorship
☐ Trust - Separate Agreement: _____
☐ Totten Trust or ☐ Pay-on-Death Designation as Defined in this Agreement
(Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

☐ Sole Proprietorship ☐ Single-Member LLC ☐ Partnership
☐ LLC *(LLC tax classification:* ☐ *C Corp* ☐ *S Corp* ☐ *Partnership)*
☐ C Corporation ☐ S Corporation ☐ *Non-Profit*
☒ Public Funds
Business: CITY OF LODI

Backup Withholding Certifications *(Non-"U.S. Persons" - Use separate Form W-8)*

☒ By signing at right, I, JENNELLE L BAKER BECHTHOLD, certify under penalties of perjury that the statements made in this section are true.

☒ **TIN:** 94-6000361 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

☒ **Not Subject to Backup Withholding.** I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **Exempt Recipient.** I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Account Number: [redacted]

Account Owner(s) Name & Address
CITY OF LODI
PAYROLL ACCOUNT
P O BOX 3006
LODI CA 95241

Additional Information:

NONE
NONE

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

☒ Terms & Conditions ☒ Truth in Savings ☒ Funds Availability
☒ Electronic Fund Transfers ☒ Privacy ☒ Substitute Checks
☒ Common Features ☒ Cust Agrmnt&SOC Bks I&II

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X JENNELLE L BAKER BECHTHOLD]
I.D. # [redacted] D.O.B. [redacted]

(2): [X KARA J REDDIG]
I.D. # [redacted] D.O.B. [redacted]

(3): [X JAMIE N BANDY]
I.D. # [redacted] D.O.B. [redacted]

(4): [X UNUSED SIGNATURE LINE]
I.D. # _____ D.O.B. _____

☐ Authorized Signer (Individual Accounts Only)

[X UNUSED SIGNATURE LINE]
I.D. # _____ D.O.B. _____

SIGNATURE CARD

ACCOUNT AGREEMENT

FARMERS & MERCHANTS BANK OF CENTRAL CA
LODI OFFICE (C)
PO BOX 3000
LODI, CA 95241-1902
(800) 888-1498

Agreement Date: 01/02/2007 By: Lisa Engelhardt

☒ EXISTING Account - This agreement replaces previous agreement(s).

Account Description:
MONEY MARKET-NP

☐ Checking ☐ Savings ☐ NOW ☒ Money Market

Initial Deposit $ _____ Source: _____

Ownership of Account - CONSUMER Purpose

☐ Individual ☐ _____
☐ Joint Account ☐ Tenancy in Common Account
☐ Community Property Account of Spouses
☐ Joint Account of Spouses With Right of Survivorship
☐ Trust - Separate Agreement:

☐ Totten Trust or ☐ Pay-on-Death Designation as Defined in this Agreement
(Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

☐ Sole Proprietorship ☐ Single-Member LLC ☐ Partnership
☐ LLC *(LLC tax classification:* ☐ *C Corp* ☐ *S Corp* ☐ *Partnership)*
☐ C Corporation ☐ S Corporation ☐ *Non-Profit*
☒ Public Funds
Business: CITY OF LODI

Backup Withholding Certifications *(Non-"U.S. Persons" - Use separate Form W-8)*

☒ By signing at right, I, JENNELLE L BAKER BECHTHOLD, certify under penalties of perjury that the statements made in this section are true.

☒ **TIN:** 94-6000361 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

☒ **Not Subject to Backup Withholding.** I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **Exempt Recipient.** I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Account Number: [redacted]

Account Owner(s) Name & Address
CITY OF LODI
CENTRAL PLUME
REMEDIATION FUND
P O BOX 3006
LODI CA 95241

Revised Date: 06/25/2026
CHANGE ACCOUNT SIGNERS

Additional Information:

NONE
NONE

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

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☒ Electronic Fund Transfers ☒ Privacy ☒ Substitute Checks
☒ Common Features ☒ Cust Agrmnt&SOC Bks I&II

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X JENNELLE L BAKER BECHTHOLD]
I.D. # [redacted] D.O.B. [redacted]

(2): [X KARA J REDDIG]
I.D. # [redacted] D.O.B. [redacted]

(3): [X JAMIE N BANDY]
I.D. # [redacted] D.O.B. [redacted]

(4): [X UNUSED SIGNATURE LINE]
I.D. # _____ D.O.B. _____

☐ Authorized Signer (Individual Accounts Only)

[X UNUSED SIGNATURE LINE]
I.D. # _____ D.O.B. _____

SIGNATURE CARD

ACCOUNT AGREEMENT

FARMERS & MERCHANTS BANK OF CENTRAL CA
LODI OFFICE (C)
PO BOX 3000
LODI, CA 95241-1902
(800) 888-1498

Agreement Date: 04/26/2023 By: Lisa Engelhardt

☒ EXISTING Account - This agreement replaces previous agreement(s).

Account Description:
TIME DEPOSIT

☐ Checking ☐ Savings ☐ NOW ☐ _____

Initial Deposit $ _____ Source: _____

Account Number: [redacted]

Account Owner(s) Name & Address
CITY OF LODI
PO BOX 3006
LODI CA 95241

Additional Information:

NONE
NONE

Ownership of Account - CONSUMER Purpose

☐ Individual ☐ _____
☐ Joint Account ☐ Tenancy in Common Account
☐ Community Property Account of Spouses
☐ Joint Account of Spouses With Right of Survivorship
☐ Trust - Separate Agreement: _____
☐ Totten Trust or ☐ Pay-on-Death Designation as Defined in this Agreement
(Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

☐ Sole Proprietorship ☐ Single-Member LLC ☐ Partnership
☐ LLC *(LLC tax classification:* ☐ *C Corp* ☐ *S Corp* ☐ *Partnership)*
☐ C Corporation ☐ S Corporation ☐ *Non-Profit*
☒ Public Funds
Business: CITY OF LODI

Backup Withholding Certifications *(Non-"U.S. Persons" - Use separate Form W-8)*

☒ By signing at right, I, JENNELLE L BAKER BECHTHOLD, certify under penalties of perjury that the statements made in this section are true.

☒ **TIN:** 94-6000361 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

☒ **Not Subject to Backup Withholding.** I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **Exempt Recipient.** I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

☒ Terms & Conditions ☒ Truth in Savings ☒ Funds Availability
☐ Electronic Fund Transfers ☒ Privacy ☐ Substitute Checks
☐ Common Features ☐ _____

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

(1): [X JENNELLE L BAKER BECHTHOLD]
I.D. # [redacted] D.O.B. [redacted]

(2): [X KARA J REDDIG]
I.D. # [redacted] D.O.B. [redacted]

(3): [X JAMIE N BANDY]
I.D. # [redacted] D.O.B. [redacted]

(4): [X UNUSED SIGNATURE LINE]
I.D. # _____ D.O.B. _____

☐ Authorized Signer (Individual Accounts Only)

[X UNUSED SIGNATURE LINE]
I.D. # _____ D.O.B. _____

Resolution of Lodge, Association or Other Similar Organization

FARMERS & MERCHANTS BANK OF CENTRAL CA
PO BOX 3000
LODI, CA 95241-1902

Referred to in this document as "Financial Institution"

By: CITY OF LODI
GENERAL LIABILITY ACCOUNT
PO BOX 3006
LODI CA 95241

Referred to in this document as "Association"

I, _____, certify that I am Secretary (clerk) of the above named association organized under the laws of CALIFORNIA _____, Federal Employer I.D. Number 94-6000361 _____, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Association duly and properly called and held on _____ *(date)*. These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

Agents. Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

	Name and Title or Position		Signature		Facsimile Signature *(if used)*
A.	JENNELLE L BAKER BECHTHOLD BUDGET MANAGER	X	_____	X	_____
B.	KARA J REDDIG CITY MANAGER	X	_____	X	_____
C.	JAMIE N BANDY ADMINISTRATIVE SERVICE DIRECTOR	X	_____	X	_____
D.	_____	X	_____	X	_____
E.	_____	X	_____	X	_____
F.	_____	X	_____	X	_____

Powers Granted. (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
_____	(1) Exercise all of the powers listed in this resolution.	_____
ABC	(2) Open any deposit or share account(s) in the name of the Association.	2
ABC	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	1
_____	(4) Borrow money on behalf and in the name of the Association, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Association as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other:	_____

Limitations on Powers. The following are the Association's express limitations on the powers granted under this resolution.

Resolutions

The Association named on this resolution resolves that,

(1) The Financial Institution is designated as a depository for the funds of the Association and to provide other financial accommodations indicated in this resolution.

(2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Association and certified to the Financial Institution as governing the operation of this association's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.

(3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Association. Any Agent, so long as they act in a representative capacity as an Agent of the Association, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated in this resolution, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.

(4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Association with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.

(5) The Association agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Association. The Association authorizes the Financial Institution, at any time, to charge the Association for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.

(6) The Association acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Association to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.

(7) The Association acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Association with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Association authorizes each Agent to have custody of the Association's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Effect on Previous Resolutions. This resolution supersedes resolution dated . If not completed, all resolutions remain in effect.

Certification of Authority

I further certify that the Association has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions stated above to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

☐If checked, the Association is a non-profit lodge, association or similar organization.

_____ _____

(Secretary) *(Attest by Other Officer)*

_____

(Attest by Other Officer)

For Financial Institution Use Only

Acknowledged and received on *(date)* by _____ *(initials)*

☐This resolution is superseded by resolution dated .

Comments: