

Frost Bank



Account Holder Names:

BOERNE PUBLIC FACILITY CORPORATION

MULTI-PURPOSE

Mailing Address:

402 E BLANCO RD BOERNE, TX 78006

Home Phone:

Work Phone:

Number of Signatures Required: 2

CIF Number: 0004080856

Special Instructions:

ACCOUNT NUMBER:

Product Name: Frost Business Checking

CD Customer Number:

ACCOUNT PURPOSE:

Non Consumer

OWNERSHIP TYPE:

Public Funds

DATE OPENED:

DATE REVISED:

11/19/18

VERIFIED BY:  
CHEXSYSTEMOPENED/REVISED BY:  
Ayala, Gerardo

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

1x

Name JEFFREY ALAN THOMPSON, DEPUTY CITY MANAGER

2x

Name SANDRA MATTICK, FINANCE DIRECTOR

3x

Name ANGIE RIOS, ASSISTANT FINANCE DIRECTOR

4x

Name LORI CARROLL, CITY SECRETARY

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, Substitute Check Policy Disclosure, and 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: 83-2405729

Important: Under penalties of perjury, I certify that the number shown above is my correct taxpayer identification number. I am a U.S. person (including a U.S. resident alien), and that (check appropriate box): The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

☒ 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: JEFFREY ALAN THOMPSON

SSN:

Street:

Address:

Home Phone #:

Work Phone #:

Employer:

Occupation:

DOB:

Alternate ID:

DL/ID#:

MMN:

Issue Date:

Exp. Date:

Issuance:

Signer #2: SANDRA MATTICK

SSN:

Street:

Address:

Home Phone #:

Work Phone #:

Employer:

Occupation:

DOB:

Alternate ID:

DL/ID#:

MMN:

Issue Date:

Exp. Date:

Issuance:

Signer #3: ANGIE RIOS

SSN:

Street:

Address:

Home Phone #:

Work Phone #:

Employer:

Occupation:

DOB:

Alternate ID:

DL/ID#:

MMN:

Issue Date:

Exp. Date:

Issuance:

Signer #4: LORI CARROLL

SSN:

Street:

Address:

Home Phone #:

Work Phone #:

Employer:

Occupation:

DOB:

Alternate ID:

DL/ID#:

MMN:

Issue Date:

Exp. Date:

Issuance:

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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ACCOUNT NUMBER: