

BUSINESS SIGNATURE CARD
TD BANK, N.A. ("Bank")

Account Holder Name:
City of Leesburg

Account: **4251014018**

Account Type: **Municipal**

ACCOUNT PURPOSE: **Checking**

ACCOUNT TYPE: **Municipal**

DATE OPENED: **01/22/13**

SPECIAL INSTRUCTIONS:

Address:

501 W MEADOW ST
LEESBURG FL
34748-5153

Number of Signatures Required: 4

Phone:

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 "Bank" harmless from and against any loss or damage arising from such authority or lack thereof. "Bank" 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 "Bank" 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 Rules as amended by the "Bank" from time to time. Each of the Authorized Individual(s) signing also acknowledge that "Bank" provided at least one copy of these deposit account documents.

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):

TIN/BACKUP WITHHOLDING

Reporting SSN/TIN: 596000362

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.

Signature
Raymond Sharp
Name
Interim City Manager
Title

Signature
William Spinelli
Name
Finance Director
Title

Signature
Gladys Johnson
Name
Deputy Finance Director
Title

Signature
John Van Horn
Name
Financial Reporting Manager
Title

Signature

Name

Title

Signature

Name

Title

