



Unincorporated Organization Certificate of Authority (Commercial Credit Card Account)

I, the undersigned, hereby certify that I am the City Clerk and custodian of the records of City of Leesburg (the "Organization"), that the following is a true and correct copy of certain resolutions duly adopted by the board of trustees or other governing body of the Organization at a meeting duly held on the 27 day of January, 2014 at which a quorum was present and acting, and that the following resolutions are in conformity with the charter and by-laws of the Organization and have not since been rescinded or modified.

RESOLVED that the Organization enter into a commercial credit card account ("Card Account") relationship with SunTrust Bank ("Bank") and that any two (number required) of the individuals listed below:

Table with 2 columns: Print Name, Title. Rows include Brenda Todtenhagen (Accounting Operations Supervisor), Megan Wallace (Accountant I), and Susan Jacobs (Account Specialist).

Is (are) authorized to enter into, and execute and deliver on behalf of this Organization any agreements, documents, or other instruments the Bank may require in order to establish and administer the Card Account, and that this Organization shall be bound by the terms and conditions of said agreements, documents, or other instruments as the same may be amended from time to time.

FURTHER RESOLVED, that the undersigned is (are) authorized and directed to furnish the Bank a certified copy of these resolutions, which resolutions shall continue in full force and effect until written notice of modification or revocation of the same has been received by the Bank and the Bank has had reasonable time to act on such notice, and to furnish to the Bank the names and specimen signature of the authorized person(s) named herein, and those persons from time to time holding such positions.

I hereby certify that the following are the names and specimen signatures of the authorized person(s) designated in the foregoing resolutions and that each presently holds that title indicated and has full authority for all acts noted herein.

Table with 3 columns: Print Name, Title, Signature. Rows include John Christian (Mayor), Al Minner (City Manager), William Spinelli (Finance Director), and James Williams (Deputy Finance Director).

IN WITNESS WHEREOF I have hereunto subscribed my name and affixed the seal of said Organization this day of

(Organization Seal)

Signature

Title



Deposit Account Resolution And Authorization For Business Entities

I. Business Entity Account Information

Name City of Leesburg, Florida Business Type Pf State Local Florida
 Taxpayer Identification Number 596000362 Date Resolution and Authorization Adopted 01/27/2014
 Account Number(s) 133017503202, 133026706959, 1000145151667

The undersigned in Section IX or X hereby certify to SunTrust Bank ("Bank") that the above named Business Entity is organized and existing under the laws of the State of Florida and has been registered in the manner prescribed by law and is currently in full compliance with all requirements relating to its organization and continued existence under applicable law.

These resolutions and authorizations apply to the above referenced deposit account(s) (hereinafter "Account") currently open with the Bank and any additional Accounts opened in the future in the name of the Business Entity. For purposes of this resolution and authorization, Accounts will include any certificates of deposit in the name of the Business Entity. These resolutions and authorizations shall remain in full force and effect until written notice in a form acceptable to the Bank of their rescission or modification certified by the appropriate authorized individual(s) applicable to the Business Entity has been received by Bank and the Bank has had a reasonable time to act on said change. Receipt of such notice shall not affect any action taken by Bank prior thereto and Bank shall be held harmless from any claims, demands, expenses, loss, or damage resulting from, or growing out of, honoring the acts or instructions of any individual so certified or authorized in these resolutions to sign by delegation of authority in accordance herewith or refusing to honor any signature not so certified or authorized.

II. Authority to sign, act, give instructions, access information, use Bank's services, perform transactions, enter into agreements and delegate authority on behalf of Business Entity

Resolved, that Bank be and is hereby designated a depository for the Business Entity; that any one of the individuals or entities named in Section III below is an "Authorized Signer" and is authorized to act, give instructions, access information, use Bank's services, and perform transactions on behalf of Business Entity with respect to any Accounts of Business Entity with Bank or services provided to Business Entity by the Bank, to enter into on behalf of the Business Entity any of Bank's agreements including checking, savings, certificates of deposit, wire or electronic funds transfer, night deposit, cash management, or other treasury management services agreements and to delegate to any other individual or entity his or her authority to act, give instructions, access information, use Bank's services, perform transactions, and enter into agreements on behalf of the Business Entity, including agreements that delegate his or her authority to other individuals or entities with respect to the Business Entity's Accounts or Bank's services; that the Business Entity shall be bound by the terms and conditions of all such agreements and Bank's Rules and Regulations for Deposit Accounts related thereto, all as now existing or as amended from time to time; and that any Authorized Signer named in Section III, is authorized on behalf of this Business Entity to sign and to endorse for deposit, negotiation or collection, any and all checks, drafts, certificates of deposit, savings certificates, items or other instruments or written orders for the payment of money payable by or to the order of this Business Entity. Signatures and endorsements, if any, may be in writing, by stamp, or otherwise affixed, with or without designation or signature of the person so endorsing, it being understood that all prior endorsements on such items are guaranteed by this Business Entity, regardless of the lack of an express guarantee in the endorsement of this Business Entity.

Further Resolved, Bank is hereby directed to honor, pay and charge to the Accounts of this Business Entity, without inquiry as to the circumstances of the issuance or application of the proceeds of, any checks, drafts, items or other written orders on any of this Business Entity's Accounts with Bank, whether payable to, endorsed or negotiated by or for the credit of any person signing the same or any other of the Authorized Signers named in Section III when signed by any of the Authorized Signers named in Section III.

III. Officers/Owner/General Partners/Members/Managers/Governors authorized to act, give instructions, access information, use Bank's services, perform transactions, enter into agreements, and delegate authority on behalf of the Business Entity

The full name, title, and signature of each person authorized to act, give instructions, access information, use Bank's services, perform transactions, enter into agreements, and delegate his or her authority on behalf of the Business Entity as described in the resolutions set forth in this document is immediately below. [Instruction: If the General Partner, Member or Manager is also an entity (e.g., a corporation, LLC, or partnership), the name of the entity is entered in the column headed "Name", applicable title of General Partner, Member or Manager is entered in the column headed "Title", and the name of the individual signing on behalf of that entity and individual's title or position are entered in the column headed "Signature" and the individual signs directly underneath his/her name and title. The individual must provide a resolution on that entity reflecting the individual's authority.]

Name	Title	Signature
Al Minner	City Manager	
William Spinelli	Finance Director	
John Christian	Mayor	

IV. Facsimile Signatures (Complete this section only if machine or facsimile stamped signatures are to be used on items.)

Further Resolved, that Bank is hereby requested, authorized and directed to honor any check, draft, item or other written order on any of this Business Entity's Accounts with Bank when bearing or purporting to bear the following authorized machine or facsimile signature of any of the above named individuals whose signatures are reproduced below, regardless of by whom or by what means the actual or purported machine or facsimile signatures may have been affixed. The Business Entity shall indemnify and hold the Bank harmless from any and all claims, expenses, losses, damages and costs, including attorneys' fees, resulting from, or growing out of the Bank's honoring the facsimile signature of any of the following individuals, its refusal to honor any facsimile signature of an individual not named below, or resulting from the unauthorized use of the instrument used to provide the facsimile signatures by persons other than authorized individuals.

Name of Authorized Signer Listed in Section III

Machine or Facsimile Stamped Signature of Authorized Signer

V. Additional Signatories on Business Entity's Accounts

Further resolved, the following individual(s) are authorized as additional signatories only to sign and to endorse for deposit or collection any checks, drafts, or other instruments or written orders for the payment of money payable to the order of the Business Entity and to sign checks, drafts, items or other written orders, and initiate wire or funds transfers and execute Bank's Funds Transfer Authorization wire request and disclosure form on any of the Business Entity's Accounts with Bank. [Instruction: If an additional signatory is not authorized to sign on all Accounts, specify the Account Number applicable to the signatory as indicated below.] Refer to the Signature Card(s) on the Account(s) for signatures of the Additional Signatories.

Additional Signatory's Name

Position with Entity

Specific Deposit Account Number(s) Applicable to Signatory
(Complete only if signatory is not authorized on all accounts)

VI. Qualification Certification for Public Fund, Organization, Political Organization, Homeowners and Condominium Owners Association or Corporation Not Operated for Profit to earn interest on a checking account (NOW Account)

Mark this section with an "X" only if Business Entity is eligible to earn interest on a checking account.

I/We further certify that the above named Business Entity is eligible to earn interest on a checking account (referred to as a Negotiable Order of Withdrawal or NOW Account) in compliance with Regulation D of the Federal Reserve Act (12CFR 204) as a Public Fund or a Non-Profit Organization that is operated primarily for Religious, Philanthropic, Charitable, Educational, Political or other similar purposes under one of the following sections: Organization – Section 501 (C) (3) through (13), and (19) of the Internal Revenue Code (26 USC (IRC 1954) 501 (C) (3) – (13) and (19). Political Organization – Section 527 of the Internal Revenue Code (26 USC (IRC 1954) 527). Homeowners and Condominium Owners Associations – Section 528 of the Internal Revenue Code (26 USC (IRC 1954) 528).

VII. Power to Act

The undersigned certifies that there are no limits to the undersigned's powers to adopt this Authorization and to attest that the resolutions stated herein are accurate and that this Deposit Account Resolution and Authorization is in conformity with the provisions of the organizational instruments, which include the Business Entity's charter, bylaws, operating agreement, partnership agreement, shareholders' agreement or similar agreements by which the Business Entity or the undersigned party may be bound and does not violate the provisions thereof.

VIII. Prior Acts

All previous acts of or on behalf of the Business Entity as provided for above are hereby approved and ratified.

IX. Certification – Corporation or Professional Corporation

I, the undersigned, hereby certify to Bank that the above is a true copy of resolutions and authorizations of said Business Entity and that such resolutions and authorizations are in full force and effect and have not been amended or rescinded.

In witness whereof, I have hereunto subscribed my name and affixed the seal of the Corporation this ____ day of ____, ____.

(Affix Seal here, if available)

Authorized Signature

~~DO NOT SIGN~~

Name and Title of President, Secretary, Assistant Secretary or Other Officer as designated in the Corporation's Bylaws

User ID UGLW121

Account Number _____

X. Certification - Limited Liability Company, Partnership, Public Fund, Sole Proprietorship, Unincorporated Organization or Association, or Other Entity

I/We, the undersigned, hereby certify to Bank that the above is a true copy of resolutions and authorizations of said Business Entity and that such resolutions are in full force and effect and have not been amended or rescinded. [Instruction: If the General Partner, Member or Manager is also an entity (e.g., a corporation, LLC, or partnership), the name of the entity and the word "By" are entered in the column headed "Signature"; the individual signing on behalf of that entity signs directly below the name of the entity; and the name of the individual and individual's title or position are entered in the column headed "Title". The individual must provide a resolution on that entity reflecting the individual's authority.]

Signature	Name and Title	Date
	Al Minner/City Manager	
	William Spinelli/Finance Director	
	John Christian/ Mayor	

Signature Requirement instructions:

The following signatures are required to complete and certify the Deposit Account Resolution and Authorization to be correct:

- Corporations: Corporate Officers authorized to act on behalf of the corporation named in Section III should include the **President and Secretary** and any other applicable corporate officers, such as Vice President or Treasurer. The **President, Secretary, Assistant Secretary, or other corporate officer as designated in the bylaws of the corporation** is required to **certify** the Deposit Account Resolution and Authorization under Section IX.

-Limited Liability Companies: Section III and X require the signatures of all **members/managers/board members**, unless the Operating Agreement authorizes one or more members/managers/board members to conduct banking business, in which case the signatures of all such authorized members/managers/board members are sufficient.

- Public Fund Entities: Section III requires the signatures of individuals authorized to sign on behalf of the Public Fund Entity as **designated by the governing unit**, e.g., Board of County Commissioners, Mayor, Secretary of State, etc. The individual(s) authorized to **represent the governing unit** is required to certify the Deposit Account Resolution and Authorization under Section X.

-Partnerships: Section III and X require the signatures of **all General Partners**, unless the Partnership Agreement designates one or more partners to conduct banking business and perform banking transactions. In such cases, the designated general partner(s) are named in Section III as the **General Partners** authorized to act on behalf of the entity and these same General Partners will certify the Deposit Account Resolution and Authorization under Section X.

-Sole Proprietorships: Section III and X require the signature of the proprietor (owner) or in the case of a spousal proprietorship, the signatures of the husband and wife who own the Business Entity.

-Unincorporated Organizations or Associations: Section III requires the signatures of the **Officers or Positions** designated in the Organization or Association's bylaws or charter as authorized to act on behalf of the organization or association. The **President or Secretary** of the organization or association (or other individual designated to do so) is required to certify the Deposit Account Resolution and Authorization under Section X.

Bank Use Only			
Prepared By	<u>LaReena J Watters</u>	Phone Number	<u>407-237-4642</u>
Center Name	<u>Non For Profit & Governmental Banking</u>	Center Number	<u>2154118</u>
Account Number(s)	<u>133017503202, 133026706959, 1000145151667</u>	Verification Method	

User ID _____ Account Number _____



Business Account Signature Card

Account Title City of Leesburg, FL

Region 031

Account Number 133026706959, 133017503202, 1000145151667, 1000091125210

Type of Organization Municipalities

Verification/Tax Identification No. 59-6000362

Authorized Signature(s)

Signature 1, Signature 2, Signature 3, Signature 4, Signature 5, Signature 6

Name/Title Al Minner/ City Manager, William Spinelli/ Finance Director, John Christian/ Mayor

Date Opened, Date Revised, Reason, Center, Officer Number, ID, Work Phone, By, New, Replacement, Change

SunTrust Bank ("Bank")

It is agreed that all transactions between the Bank and the entity listed in the above Account Title ("Depositor") shall be governed by the rules and regulations for this account and the above signed as the authorized agent(s) of the Depositor hereby acknowledge(s) receipt of such rules and regulations and the funds availability policy. The Depositor also acknowledges the funds availability policy has been explained.

Check Appropriate Box:

- Individual / Sole Proprietor, Corporation, Partnership, Limited Liability Company, Enter the tax classification (D=disregarded entity, C=corporation, P=partnership), Other (See Instructions.), Exempt payee

Certification—Under penalties of perjury, I, as authorized agent of the Depositor certify that:

- 1) Error! Reference source not found. is the correct taxpayer identification number for the Depositor (or the Depositor is waiting for a number to be issued), and
2) The Depositor is not subject to backup withholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Depositor that it is no longer subject to backup withholding, and
3) The depositor is a U.S. citizen or other U.S. person (defined in the instructions).

Certification Instructions. You must cross out item 2 above if the depositor has been notified by the IRS that the depositor is currently subject to backup withholding because the depositor has failed to report all interest and dividends on the depositor's tax return.

Signature of U.S. Person Date



Deposit Account Resolution And
Authorization For Business Entities

I. Business Entity Account Information

Name Account City of Leesburg, FL FSA Business Type PF/ State Local Florida
Taxpayer Identification Number 59-6000362 Date Resolution and Authorization Adopted 01/27/2014
Account Number(s) 1000091124460

The undersigned in Section IX or X hereby certify to SunTrust Bank ("Bank") that the above named Business Entity is organized and existing under the laws of the State of Florida and has been registered in the manner prescribed by law and is currently in full compliance with all requirements relating to its organization and continued existence under applicable law.

These resolutions and authorizations apply to the above referenced deposit account(s) (hereinafter "Account") currently open with the Bank and any additional Accounts opened in the future in the name of the Business Entity. For purposes of this resolution and authorization, Accounts will include any certificates of deposit in the name of the Business Entity. These resolutions and authorizations shall remain in full force and effect until written notice in a form acceptable to the Bank of their rescission or modification certified by the appropriate authorized individual(s) applicable to the Business Entity has been received by Bank and the Bank has had a reasonable time to act on said change. Receipt of such notice shall not affect any action taken by Bank prior thereto and Bank shall be held harmless from any claims, demands, expenses, loss, or damage resulting from, or growing out of, honoring the acts or instructions of any individual so certified or authorized in these resolutions to sign by delegation of authority in accordance herewith or refusing to honor any signature not so certified or authorized.

II. Authority to sign, act, give instructions, access information, use Bank's services, perform transactions, enter into agreements and delegate authority on behalf of Business Entity

Resolved, that Bank be and is hereby designated a depository for the Business Entity; that any one of the individuals or entities named in Section III below is an "Authorized Signer" and is authorized to act, give instructions, access information, use Bank's services, and perform transactions on behalf of Business Entity with respect to any Accounts of Business Entity with Bank or services provided to Business Entity by the Bank, to enter into on behalf of the Business Entity any of Bank's agreements including checking, savings, certificates of deposit, wire or electronic funds transfer, night deposit, cash management, or other treasury management services agreements and to delegate to any other individual or entity his or her authority to act, give instructions, access information, use Bank's services, perform transactions, and enter into agreements on behalf of the Business Entity, including agreements that delegate his or her authority to other individuals or entities with respect to the Business Entity's Accounts or Bank's services; that the Business Entity shall be bound by the terms and conditions of all such agreements and Bank's Rules and Regulations for Deposit Accounts related thereto, all as now existing or as amended from time to time; and that any Authorized Signer named in Section III, is authorized on behalf of this Business Entity to sign and to endorse for deposit, negotiation or collection, any and all checks, drafts, certificates of deposit, savings certificates, items or other instruments or written orders for the payment of money payable by or to the order of this Business Entity. Signatures and endorsements, if any, may be in writing, by stamp, or otherwise affixed, with or without designation or signature of the person so endorsing, it being understood that all prior endorsements on such items are guaranteed by this Business Entity, regardless of the lack of an express guarantee in the endorsement of this Business Entity.

Further Resolved, Bank is hereby directed to honor, pay and charge to the Accounts of this Business Entity, without inquiry as to the circumstances of the issuance or application of the proceeds of, any checks, drafts, items or other written orders on any of this Business Entity's Accounts with Bank, whether payable to, endorsed or negotiated by or for the credit of any person signing the same or any other of the Authorized Signers named in Section III when signed by any of the Authorized Signers named in Section III.

III. Officers/Owner/General Partners/Members/Managers/Governors authorized to act, give instructions, access information, use Bank's services, perform transactions, enter into agreements, and delegate authority on behalf of the Business Entity

The full name, title, and signature of each person authorized to act, give instructions, access information, use Bank's services, perform transactions, enter into agreements, and delegate his or her authority on behalf of the Business Entity as described in the resolutions set forth in this document is immediately below. [Instruction: If the General Partner, Member or Manager is also an entity (e.g., a corporation, LLC, or partnership), the name of the entity is entered in the column headed "Name", applicable title of General Partner, Member or Manager is entered in the column headed "Title", and the name of the individual signing on behalf of that entity and individual's title or position are entered in the column headed "Signature" and the individual signs directly underneath his/her name and title. The individual must provide a resolution on that entity reflecting the individual's authority.]

Table with 3 columns: Name, Title, Signature. Rows include Al Minner (City Manager), William Spinelli (Finance Director), and John Christian (Mayor).

User ID UGLW121 Account Number

IV. Facsimile Signatures (Complete this section only if machine or facsimile stamped signatures are to be used on items.)

Further Resolved, that Bank is hereby requested, authorized and directed to honor any check, draft, item or other written order on any of this Business Entity's Accounts with Bank when bearing or purporting to bear the following authorized machine or facsimile signature of any of the above named individuals whose signatures are reproduced below, regardless of by whom or by what means the actual or purported machine or facsimile signatures may have been affixed. The Business Entity shall indemnify and hold the Bank harmless from any and all claims, expenses, losses, damages and costs, including attorneys' fees, resulting from, or growing out of the Bank's honoring the facsimile signature of any of the following individuals, its refusal to honor any facsimile signature of an individual not named below, or resulting from the unauthorized use of the instrument used to provide the facsimile signatures by persons other than authorized individuals.

Name of Authorized Signer Listed in Section III

Machine or Facsimile Stamped Signature of Authorized Signer

V. Additional Signatories on Business Entity's Accounts

Further resolved, the following individual(s) are authorized as additional signatories only to sign and to endorse for deposit or collection any checks, drafts, or other instruments or written orders for the payment of money payable to the order of the Business Entity and to sign checks, drafts, items or other written orders, and initiate wire or funds transfers and execute Bank's Funds Transfer Authorization wire request and disclosure form on any of the Business Entity's Accounts with Bank. [Instruction: If an additional signatory is not authorized to sign on all Accounts, specify the Account Number applicable to the signatory as indicated below.] **Refer to the Signature Card(s) on the Account(s) for signatures of the Additional Signatories.**

Additional Signatory's Name

Position with Entity

Specific Deposit Account Number(s) Applicable to Signatory
(Complete only if signatory is not authorized on all accounts)

VI. Qualification Certification for Public Fund, Organization, Political Organization, Homeowners and Condominium Owners Association or Corporation Not Operated for Profit to earn interest on a checking account (NOW Account)

Mark this section with an "X" only if Business Entity is eligible to earn interest on a checking account.

- I/We further certify that the above named Business Entity is eligible to earn interest on a checking account (referred to as a Negotiable Order of Withdrawal or NOW Account) in compliance with Regulation D of the Federal Reserve Act (12CFR 204) as a Public Fund or a Non-Profit Organization that is operated primarily for Religious, Philanthropic, Charitable, Educational, Political or other similar purposes under one of the following sections: Organization – Section 501 (C) (3) through (13), and (19) of the Internal Revenue Code (26 USC (IRC 1954) 501 (C) (3) – (13) and (19). Political Organization – Section 527 of the Internal Revenue Code (26 USC (IRC 1954) 527). Homeowners and Condominium Owners Associations – Section 528 of the Internal Revenue Code (26 USC (IRC 1954) 528).

VII. Power to Act

The undersigned certifies that there are no limits to the undersigned's powers to adopt this Authorization and to attest that the resolutions stated herein are accurate and that this Deposit Account Resolution and Authorization is in conformity with the provisions of the organizational instruments, which include the Business Entity's charter, bylaws, operating agreement, partnership agreement, shareholders' agreement or similar agreements by which the Business Entity or the undersigned party may be bound and does not violate the provisions thereof.

VIII. Prior Acts

All previous acts of or on behalf of the Business Entity as provided for above are hereby approved and ratified.

IX. Certification – Corporation or Professional Corporation

I, the undersigned, hereby certify to Bank that the above is a true copy of resolutions and authorizations of said Business Entity and that such resolutions and authorizations are in full force and effect and have not been amended or rescinded.

In witness whereof, I have hereunto subscribed my name and affixed the seal of the Corporation this ____ day of _____, _____.

(Affix Seal here, if available)

Authorized Signature

~~Do Not Sign~~

Name and Title of President, Secretary, Assistant Secretary or Other Officer as designated in the Corporation's Bylaws

User ID UGlw121

Account Number _____

X. Certification - Limited Liability Company, Partnership, Public Fund, Sole Proprietorship, Unincorporated Organization or Association, or Other Entity

I/We, the undersigned, hereby certify to Bank that the above is a true copy of resolutions and authorizations of said Business Entity and that such resolutions are in full force and effect and have not been amended or rescinded. [Instruction: If the General Partner, Member or Manager is also an entity (e.g., a corporation, LLC, or partnership), the name of the entity and the word "By" are entered in the column headed "Signature"; the individual signing on behalf of that entity signs directly below the name of the entity; and the name of the individual and individual's title or position are entered in the column headed "Title". The individual must provide a resolution on that entity reflecting the individual's authority.]

Signature	Name and Title	Date
	<u>Al Minner/ City Manager</u>	
	<u>William Spinelli/ Finance Director</u>	
	<u>John Christian/Mayor</u>	

Signature Requirement instructions:

The following signatures are required to complete and certify the Deposit Account Resolution and Authorization to be correct:

- Corporations: Corporate Officers authorized to act on behalf of the corporation named in Section III should include the **President and Secretary** and any other applicable corporate officers, such as Vice President or Treasurer. The **President, Secretary, Assistant Secretary, or other corporate officer as designated in the bylaws of the corporation** is required to **certify** the Deposit Account Resolution and Authorization under Section IX.

-Limited Liability Companies: Section III and X require the signatures of all **members/managers/board members**, unless the Operating Agreement authorizes one or more members/managers/board members to conduct banking business, in which case the signatures of all such authorized members/managers/board members are sufficient.

- Public Fund Entities: Section III requires the signatures of individuals authorized to sign on behalf of the Public Fund Entity as **designated** by the **governing unit**, e.g., Board of County Commissioners, Mayor, Secretary of State, etc. The individual(s) authorized to **represent the governing unit** is required to certify the Deposit Account Resolution and Authorization under Section X.

-Partnerships: Section III and X require the signatures of **all General Partners**, unless the Partnership Agreement designates one or more partners to conduct banking business and perform banking transactions. In such cases, the designated general partner(s) are named in Section III as the **General Partners** authorized to act on behalf of the entity and these same General Partners will certify the Deposit Account Resolution and Authorization under Section X.

-Sole Proprietorships: Section III and X require the signature of the proprietor (owner) or in the case of a spousal proprietorship, the signatures of the husband and wife who own the Business Entity.

-Unincorporated Organizations or Associations: Section III requires the signatures of the **Officers or Positions** designated in the Organization or Association's bylaws or charter as authorized to act on behalf of the organization or association. The **President or Secretary** of the organization or association (or other individual designated to do so) is required to certify the Deposit Account Resolution and Authorization under Section X.

Bank Use Only			
Prepared By	<u>LaReena J Gerome</u>	Phone Number	<u>407-237-4642</u>
Center Name	<u>Non for Profit & Institutional Banking</u>	Center Number	<u>2154118</u>
Account Number(s)	<u>1000091124460</u>	Verification Method	

User ID UGLW121 Account Number _____



Business Account Signature Card

Account Title City of Leesburg, FL
FSA Account

Region 031
Account Number 1000091124460

Type of Organization Municipalities

Verification/Tax Identification No. 59-6000362

Authorized Signature(s)

Signature 1
Signature 2
Signature 3
Signature 4
Signature 5
Signature 6

Name/Title Al Minner/ City Manager
Name/Title William Spinelli/ Finance Director
Name/Title John Christian/Mayor

Date Opened Date Revised Reason
Center Officer Number ID
Work Phone By
New Replacement Change

SunTrust Bank ("Bank")

It is agreed that all transactions between the Bank and the entity listed in the above Account Title ("Depositor") shall be governed by the rules and regulations for this account and the above signed as the authorized agent(s) of the Depositor hereby acknowledge(s) receipt of such rules and regulations and the funds availability policy. The Depositor also acknowledges the funds availability policy has been explained.

Check Appropriate Box:

- Individual / Sole Proprietor Corporation Partnership
Limited Liability Company
Enter the tax classification (D=disregarded entity, C=corporation, P=partnership)
Other (See Instructions.)
Exempt payee

Certification—Under penalties of perjury, I, as authorized agent of the Depositor certify that:

- Error! Reference source not found. is the correct taxpayer identification number for the Depositor (or the Depositor is waiting for a number to be issued), and
The Depositor is not subject to backup withholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Depositor that it is no longer subject to backup withholding, and
The depositor is a U.S. citizen or other U.S. person (defined in the instructions).

Certification Instructions. You must cross out item 2 above if the depositor has been notified by the IRS that the depositor is currently subject to backup withholding because the depositor has failed to report all interest and dividends on the depositor's tax return.

Signature of U.S. Person Date



Addendum for a Legal Entity

Client Name: City of Leesburg

This Addendum for a Legal Entity is an addendum to the Agreement dated January 27, 2014, establishing the Account on behalf of Client, who is a/an:

- Trust governed under the laws of _____. Attached is the governing trust instrument to demonstrate the appointment and authorization of _____ as the (co-) fiduciary(ies) of the _____ Trust.
- Corporation established under the laws of _____. Attached is a resolution of the Board of Directors of Client, certified by the Corporate Secretary.
- Partnership, which is a General Partnership or a Limited Partnership established under the laws of _____. Attached is a certified copy of the Partnership Agreement, Certificate of Partnership, or Partnership Resolution showing that the Signing Party(ies) to the Agreement (and the Signing Party(ies) to this Addendum) is a (are) general partner(s) of Client.
- Limited Liability Company established under the laws of _____. Attached is a certified copy of the Operating Agreement which provides the names of the managing member(s) of Client or that the Signing Party(ies) to the Agreement (and the Signing Party(ies) to this Addendum is/are) is/are otherwise authorized to act on behalf of Client. A sole proprietor shall provide a copy of the proprietorship business license and the "doing business as" certificate if applicable.
- Board or Board of Trustees ("Board") for government entity or union. Attached is a Resolution by the Board of Client, certified by the Board's Secretary, which provides the names of those authorized to act on behalf of and bind Client.
- Other: Municipality. Attached is a Resolution # which provides such authorization of the Signing Party(ies) to the Agreement (and of the Signing Party(ies) to this Addendum) with regard to Client.

The Agreement is between Client and Bank only and requires Bank to act only on behalf of Client as described in the Agreement. It does not confer any benefits upon any other parties notwithstanding that a person may or may not be a shareholder, officer, partner, trust fiduciary, director, or member of Client or co-owner, heir, devisee, beneficiary, or ward of a fiduciary estate.

By acting pursuant to the Agreement, Bank accepts its appointment as defined in the Agreement as investment manager, custodian, agent, and attorney-in-fact engaged by Client. Bank does not accept any other form of fiduciary appointment with respect to any entity unless specifically provided in the Agreement and has no authority to interpret the document(s), law, or regulations governing Client.

Client represents that any appointment of an agent or agents or instructions given to Bank in connection with the Agreement shall be duly authorized by the governing law, resolutions, or governing documents of the entity. Client represents that the Signing Party(ies) executing this Addendum, and the Signing Party(ies) to the Agreement, if executed simultaneously, is/are authorized to bind Client to the terms of the Agreement as indicated above.

By the signature(s) below		
Print Name and Title	Signature	Date
Al Minner, City Manager		
affirm(s) this Addendum for a Legal Entity and confirm(s) the authorization of the listed person(s) in this Addendum.		

Addendum Accepted and Agreed to by Bank		
Print Name and Title	Signature	Date
Sara G. Manning, Vice President		

Affirmation and Appointment of Agents to Give Instructions to Bank

For all purposes under the Agreement, Bank shall be entitled to rely without any duty or further inquiry upon (i) the identity and authority of such persons represented by this Addendum and (ii) the genuineness and continued accuracy and effectiveness of this Addendum until such time as Bank receives written notice of changes to this Addendum by Client.

Authorized Person (Print / Type)		Signature	
John Christian			
Email Address	Transaction Limit	Phone Number	
commissioners@leesburgforida.gov	\$500,000	352-728-9704	
Authorized to provide the following:			
<input checked="" type="checkbox"/> Full authority to give direction or confirmation to Bank on all matters regarding the Agreement and Account <input type="checkbox"/> Limited authority to provide the following <i>Check all that apply. If full authority is granted, none of the items below should be selected.</i>			
<input type="checkbox"/> Directions or confirmation for payment by check <input type="checkbox"/> Directions or confirmation for payment by wire transfer <input type="checkbox"/> Directions or confirmation for payment by ACH <input type="checkbox"/> Other: _____			
Number of persons whose authorizations is required			
One			

Authorized Person (Print / Type)		Signature	
William Spinelli			
Email Address	Transaction Limit	Phone Number	
bill.spinelli@leesburgflorida.gov	\$500,000	352-728-9714	
Authorized to provide the following:			
<input checked="" type="checkbox"/> Full authority to give direction or confirmation to Bank on all matters regarding the Agreement and Account <input type="checkbox"/> Limited authority to provide the following <i>Check all that apply. If full authority is granted, none of the items below should be selected.</i>			
<input type="checkbox"/> Directions or confirmation for payment by check <input type="checkbox"/> Directions or confirmation for payment by wire transfer <input type="checkbox"/> Directions or confirmation for payment by ACH <input type="checkbox"/> Other: _____			
Number of persons whose authorizations is required			
One			

Authorized Person (Print / Type)		Signature	
Email Address	Transaction Limit	Phone Number	
Authorized to provide the following:			
<input type="checkbox"/> Full authority to give direction or confirmation to Bank on all matters regarding the Agreement and Account <input type="checkbox"/> Limited authority to provide the following <i>Check all that apply. If full authority is granted, none of the items below should be selected.</i>			
<input type="checkbox"/> Directions or confirmation for payment by check <input type="checkbox"/> Directions or confirmation for payment by wire transfer <input type="checkbox"/> Directions or confirmation for payment by ACH <input type="checkbox"/> Other: _____			
Number of persons whose authorizations is required			

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