

Account Agreement

Date: 06/25/14

Institution Name & Address	
REPUBLIC BANK 101 LAUREL OAK ROAD VOORHEES, NJ 08043 (856) 616-8620	

Internal Use PUBLIC FUNDS CKING 3	1334174
Account Title & Address	
BLACK HORSE PIKE REGIONAL SCHOOL DIST. AGENCY ACCOUNT 580 ERIAL ROAD BLACKWOOD NJ 08012	

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

Ownership of Account	
The specified ownership will remain the same for all accounts.	
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation - For Profit
<input type="checkbox"/> Joint with Survivorship (not as tenants in common)	<input type="checkbox"/> Corporation - Nonprofit
<input type="checkbox"/> Joint with No Survivorship (as tenants in common)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust-Separate Agreement Dated: _____	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/>	<input type="checkbox"/> Limited Liability Company

Owner/Signer Information 1	
Name	JANET GLOVER
Relationship	
Address	580 ERIAL ROAD BLACKWOOD NJ 08012
Mailing Address (if different)	
Home Phone	
Work Phone	(856) 227-4106
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Signer/Guarantor/Cosigner E5 AUTHORIZED SIGNER
Other ID (Description, Details)	
Employer	BLACK HORSE PIKE REGIONAL SCHOOL DI
Previous Financial Inst.	

Beneficiary Designation	
(Check appropriate ownership above.)	
<input type="checkbox"/> Revocable Trust	
<input type="checkbox"/>	

Beneficiary Name(s), Address(es), and SSN(s)	
(Check appropriate beneficiary designation above.)	
<input type="checkbox"/> If checked, this is a temporary account agreement.	

Number of signatures required for withdrawal: 1

Owner/Signer Information 2	
Name	JEAN GRUBB
Relationship	
Address	580 ERIAL ROAD BLACKWOOD NJ 08012
Mailing Address (if different)	
Home Phone	
Work Phone	(856) 227-4106
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Signer/Guarantor/Cosigner E5 AUTHORIZED SIGNER
Other ID (Description, Details)	
Employer	BLACK HORSE PIKE REGIONAL SCHOOL DI
Previous Financial Inst.	

Signature(s)	
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as Individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:	
<input checked="" type="checkbox"/> Terms and Conditions	<input type="checkbox"/> Privacy
<input checked="" type="checkbox"/> Electronic Fund Transfers	<input type="checkbox"/> Truth in Savings
<input type="checkbox"/> Substitute Checks	<input checked="" type="checkbox"/> Funds Availability
<input type="checkbox"/> Common Features	<input checked="" type="checkbox"/> Specific Account Details
<input type="checkbox"/> Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)	

1 [X]
 JANET GLOVER]

2 [X]
 JEAN GRUBB]

3 [X] 4 [X]

Owner/Signer Information 3	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 4	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certifications	
<i>(If not a "U.S. Person," certify foreign status separately.)</i>	
TIN:	21-6006123
<input checked="" type="checkbox"/>	Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.
<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
X	(Date)

Non-Individual Owner Information	
Name	BLACK HORSE PIKE REGIONAL SCHOOL DI
EIN	21-6006123
Phone	(856) 227-4106
Mobile Phone	
E-Mail	
Type of Entity	
State/Country & Date of Organization	
Nature of Business	SCHOOLING
Address	580 ERIAL ROAD BLACKWOOD NJ 08012
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	

Account Description	Account #	Initial Deposit/Source
Checking	1334174	\$ <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested	
<input checked="" type="checkbox"/>	ATM
<input type="checkbox"/>	Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/>	
<input type="checkbox"/>	

Other Terms/Information

Account Agreement

Date: 06/25/14

Institution Name & Address	
REPUBLIC BANK 101 LAUREL OAK ROAD VOORHEES, NJ 08043 (856) 616-8620	

Internal Use PUBLIC FUNDS CKING 3	1334166
Account Title & Address	
BLACK HORSE PIKE REGIONAL SCHOOL DIST. PAYROLL ACCOUNT 580 ERIAL ROAD BLACKWOOD NJ 08012	

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<input type="checkbox"/> Joint with No Survivorship (as tenants in common)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust-Separate Agreement Dated: _____	<input type="checkbox"/> Sole Proprietorship
<input checked="" type="checkbox"/> Organization, Lodge, Association	<input type="checkbox"/> Limited Liability Company

Owner/Signer Information 1	
Name	JANET GLOVER
Relationship	
Address	580 ERIAL ROAD BLACKWOOD NJ 08012
Mailing Address (if different)	
Home Phone	
Work Phone	(856) 227-4106
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Signer/Guarantor/Cosigner AUTHORIZED SIGNER E5
Other ID (Description, Details)	
Employer	BLACK HORSE PIKE REGIONAL SCHOOL DI
Previous Financial Inst.	

Beneficiary Designation	
(Check appropriate ownership above.)	
<input type="checkbox"/> Revocable Trust	
<input type="checkbox"/>	

Beneficiary Name(s), Address(es), and SSN(s)	
(Check appropriate beneficiary designation above.)	

If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

Owner/Signer Information 2	
Name	JEAN GRUBB
Relationship	
Address	580 ERIAL ROAD BLACKWOOD NJ 08012
Mailing Address (if different)	
Home Phone	
Work Phone	(856) 227-4106
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Signer/Guarantor/Cosigner AUTHORIZED SIGNER E5
Other ID (Description, Details)	
Employer	BLACK HORSE PIKE REGIONAL SCHOOL DI
Previous Financial Inst.	

Signature(s)	
The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:	
<input checked="" type="checkbox"/> Terms and Conditions	<input type="checkbox"/> Privacy
<input checked="" type="checkbox"/> Electronic Fund Transfers	<input type="checkbox"/> Truth in Savings
<input type="checkbox"/> Substitute Checks	<input checked="" type="checkbox"/> Funds Availability
<input type="checkbox"/> Common Features	<input checked="" type="checkbox"/> Specific Account Details

Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1 [X]
 JANET GLOVER]

2 [X]
 JEAN GRUBB]

3 [X] 4 [X]

RESOLUTION OF LODGE, ASSOCIATION OR OTHER SIMILAR ORGANIZATION

REPUBLIC BANK
 101 LAUREL OAK ROAD
 VOORHEES, NJ 08043

By: BLACK HORSE PIKE REGIONAL SCHOOL DIST.
 PAYROLL ACCOUNT
 580 ERIAL ROAD
 BLACKWOOD NJ 08012

Referred to in this document as "Financial Institution"

Referred to in this document as "Association"

I, _____, certify that I am Secretary (clerk) of the above named association organized under the laws of _____, Federal Employer I.D. Number 21-6006123, 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. <u>JANET GLOVER</u>	<u>X</u>	<u>X</u>
B. <u>JEAN GRUBB</u>	<u>X</u>	<u>X</u>
C. _____	<u>X</u>	<u>X</u>
D. _____	<u>X</u>	<u>X</u>
E. _____	<u>X</u>	<u>X</u>
F. _____	<u>X</u>	<u>X</u>

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
<u>NA</u>	(1) Exercise all of the powers listed in this resolution.	_____
<u>AB</u>	(2) Open any deposit or share account(s) in the name of the Association.	<u>1</u>
<u>AB</u>	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	<u>1</u>
<u>NA</u>	(4) Borrow money on behalf and in the name of the Association, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
<u>NA</u>	(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.	_____
<u>NA</u>	(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.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated 09/04/14. 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 on page 2 and 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.

X _____ (Secretary)
X _____ (Attest by Other Officer)
X _____ (Attest by Other Officer)

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 on page one, 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, rediscunts 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.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) This resolution is superseded by resolution dated _____ .

Comments: