Corporate Authorization Resolution

RESOURCE BANK, N.A.

555 BETHANY ROAD
DEKALB IL 60115

Referred to in this document as "Financial Institution"

By: TOWN OF CORTLAND

POB 519
CORTLAND IL 60112

Referred to in this document as "Corporation"

I, CHERYL ALDIS, certify that I am Secretary (clerk) of the above named corporation organized under the laws of ILLINOIS, Federal Employer I.D. Number 37-0993176, engaged in business under the trade name of TOWN OF CORTLAND, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on 5/26/2020 (*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 These resolutions appear in the minutes of this meeting and have not been rescinded or modified.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. CHERYL L ALDIS, CLERK	X	X
B. RUSSELL STOKES, MAYOR	X	X
C. ELIZABETH E PEERBOOM, D C	X Elizabeth E. Peerboom	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.	
A,B,C	(2)	Open any deposit or share account(s) in the name of the Corporation.	2
A,B,C	(3)	Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	2
A	(4)	Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	2
B	(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 Corporation 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.	2
A,B,C	(6)	Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	2
	(7)	Other:	

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

Resolutions

The Corporation named on this resolution resolves that,

(1) The Financial Institution is designated as a depository for the funds of the Corporation 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 Board of Directors of the Corporation and certified to the Financial Institution as governing the operation of this corporation'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 Corporation. Any Agent, so long as they act in a representative capacity as an Agent of the Corporation, 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 Corporation with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.

(5) The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation 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 Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation 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 Corporation 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 Corporation 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 Corporation authorizes each Agent to have custody of the Corporation'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 5/13/2019 . If not completed, all resolutions remain in effect.

Certification of Authority

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions stated above 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 Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on *(date)*.

_____ _____

Secretary *Attest by One Other Officer*

For Financial Institution Use Only

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

☐ This resolution is superseded by resolution dated .

Comments:

Chex Systems Yes X Current Client X If Other, Please Explain

ACCOUNT AGREEMENT

RESOURCE BANK, N.A.

555 BETHANY ROAD
DEKALB IL 60115

Agreement Date: 05/10/2019 By: FABRIZIUS JEAN

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

Account Description: PUBLIC FUNDS INTEREST BEARING

☐ Checking ☐ Savings ☐ NOW ☐ _____

Initial Deposit $ 100.00 Source: _____

Ownership of Account - CONSUMER Purpose

☐ Individual ☐ _____

☐ Joint - With Survivorship *(and not as tenants in common)*

☐ Joint - No Survivorship *(as tenants in common)*

☐ Trust - Separate Agreement:

☐ Revocable 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*

☒ GOVERNMENT

Business:

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

☒ By signing at right, I, TOWN OF CORTLAND, certify under penalties of perjury that the statements made in this section are true.

☒ **TIN:** 37-0993176 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 2043362
Portfolio Number: 101120

Account Owner(s) Name & Address
TOWN OF CORTLAND

PO BOX 519
CORTLAND IL 60112

Additional Information: 5/20/2020 REMOVED RITA NIELSEN DEPUTY CLERK, ADDING ELIZABETH E PEERBOOM, DEPUTY CLERK. 330/JF.

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]
CHERYL L ALDIS. TOWN CLERK
I.D. # _____ D.O.B. _____

(2): [X]
RUSSELL STOKES, MAYOR
I.D. # _____ D.O.B. _____

(3): [X Elizabeth E. Peerboom]
ELIZABETH E PEERBOOM
I.D. # _____ D.O.B. _____

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

☐ Authorized Signer (Individual Accounts Only)

[X]
I.D. # _____ D.O.B. _____

05/20/2020

FABRIZIUS JEAN

Chex Systems Yes Current Client X If Other, Please Explain

ACCOUNT AGREEMENT

RESOURCE BANK, N.A.

555 BETHANY ROAD
DEKALB IL 60115

Agreement Date: 01/06/2012 By: FABRIZIUS JEAN

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

Account Description: PUBLIC FUNDS INTEREST BEARING

☐ Checking ☐ Savings ☐ NOW ☐ _____

Initial Deposit $ 1,602,005.76 Source: _____

Ownership of Account - CONSUMER Purpose

☐ Individual ☐ _____

☐ Joint - With Survivorship *(and not as tenants in common)*

☐ Joint - No Survivorship *(as tenants in common)*

☐ Trust - Separate Agreement:

☐ Revocable 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*

☒ GOVERNMENT

Business:

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

☒ By signing at right, I, TOWN OF CORTLAND, certify under penalties of perjury that the statements made in this section are true.

☒ **TIN:** 37-0993176 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 2034888
Portfolio Number: 101120

Account Owner(s) Name & Address
TOWN OF CORTLAND

PO BOX 519
CORTLAND IL 60112

Additional Information: 5/20/2020 REMOVING SUSAN DOCKUS AND RITA D NIELSEN. ADDING ELIZABETH PEERBOOM, DEPUTY CLERK. 330/JF

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 ☐ _____

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(1): [X]
CHERYL L ALDIS, TOWN CLERK
I.D. # _____ D.O.B. _____

(2): [X]
RUSSELL STOKES, MAYOR
I.D. # _____ D.O.B. _____

(3): [X Elizabeth E. Peerboom]
ELIZABETH E PEERBOOM, DEPUTY CLERK
I.D. # _____ D.O.B. _____

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

☐ Authorized Signer (Individual Accounts Only)

[X]
I.D. # _____ D.O.B. _____

05/20/2020

Chex Systems Yes Current Client If Other, Please Explain

ACCOUNT AGREEMENT

RESOURCE BANK, N.A.

555 BETHANY ROAD
DEKALB IL 60115

Account Number 2004283
Portfolio Number: 101120

Account Owner(s) Name & Address
TOWN OF CORTLAND

PO BOX 519
CORTLAND IL 60112

Agreement Date: 10/17/1990 By: FABRIZIUS JEAN

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

Account Description: PUBLIC FUNDS INTEREST BEARING

☐ Checking ☐ Savings ☐ NOW ☐ _____

Initial Deposit $ 750.00 Source: _____

Ownership of Account - CONSUMER Purpose

☐ Individual ☐ _____

☐ Joint - With Survivorship *(and not as tenants in common)*

☐ Joint - No Survivorship *(as tenants in common)*

☐ Trust - Separate Agreement:

☐ Revocable 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*

☒ GOVERNMENT

Business:

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

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☐ **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).

Additional Information: 5/20/2020 REMOVING SUSAN DOCKUS, RITA D NIELSEN, ADDING ELIZABETH E PEERBOOM, DEPUTY CLERK. 330K/JF

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 ☐ _____

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(1): [X]
CHERYL L ALDIS, TOWN CLERK
I.D. # _____ D.O.B. _____

(2): [X]
RUSSELL STOKES, MAYOR
I.D. # _____ D.O.B. _____

(3): [X Elizabeth E. Peerboom]
ELIZABETH E PEERBOOM, DEPUTY CLERK
I.D. # _____ D.O.B. _____

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

☐ Authorized Signer (Individual Accounts Only)

[X]
I.D. # _____ D.O.B. _____

05/20/2020