

Resolution #01-04-24, Adopted 1-22-24

cfsbank

BUSINESS DEPOSIT ACCOUNT AUTHORIZATION / INCUMBENCY CERTIFICATE

AUTHORIZATION OF (Firm): Peters Township

Fictitious Name / DBA (if any): _____ Fed Tax#: _____

Address 610 E. McMurray

City McMurray State PA Zip Code 15317

To: cfsbank, that the Principals (owner, partners, officers, etc.) of this Firm, as listed below, or their successors in office or appointment, are hereby authorized to:

- A. Open a savings account(s) or deposit account(s) in the name of the above Firm (or)
- B. Execute a written lease as necessary for the above Firm to be able to rent and maintain a Safe Deposit Box or Lock Box with cfsbank.

FURTHER AUTHORIZED, IN REGARDS TO OPENING ANY SAVINGS OR OTHER DEPOSIT ACCOUNT IN THE NAME OF THE ABOVE FIRM: cfsbank (you, your) is hereby designated as a depository of the above Firm and is authorized to act without further inquiry in accordance with writings bearing the number of authorized signatures indicated below unless and until you have been notified of any change of Principals and of further authorization for other individuals to so sign, together with a specimen of the signature of each such individual. The above Firm agrees that any deposit account opened will be subject to all applicable banking laws, clearinghouse regulations, recognized banking practices and customs, the service charge schedule and such reasonable rules and regulations as you may make from time to time governing your deposit accounts.

You are authorized to supply any endorsement for any of the undersigned Authorized Signers on any check or other instrument tendered for an account opened under the authority of this Account Authorization. The above Firm agrees that you, in receiving items for deposit or collection, act only as depositor's collecting agent and assume no responsibility beyond due care; that all items are credited subject to final payment to you at your office in cash or solvent credits; that you will use due diligence in the selection of collection agents, but will not be liable in case of their failure or negligence, or for losses in transit; that each correspondent so selected shall not be liable except for its own negligence; that you or your collecting agents may send items, directly or indirectly, to any institution including the drawer or payer; that you may accept a check, draft or credit as conditional payment in lieu of cash, and shall not be liable for dishonor of checks, or drafts or for reversal of credits so received in payment nor for losses thereon; that items and their proceeds may be handled by any Federal Reserve bank in accordance with applicable Federal Reserve rules, and by you or any correspondent, in accordance with any common institution usage, with any practice or procedure that a Federal Reserve bank may use or permit another institution to use, or with any other lawful means. It is also authorized that you may charge back any item at any time before actual final payment, whether returned or not, and may also charge back any item drawn on you, if, within your normal handling period for such item, it is determined by you that the item is not to be honored against the drawer's account; that in collecting bonds or coupons, you may charge back amount of income tax if any.

- If the preceding box is checked, a person employed by the above Firm is authorized and directed to certify to you by specimen the form(s) of facsimile signatures authorized by the above Firm for use by the Firm person(s) indicated below; and that the above Firm assumes full responsibility for any and all payments made by the Bank in reliance upon the facsimile signatures of any person(s) named below and agrees to indemnify and hold you harmless against any and all loss, cost, damage or expense suffered or incurred by you arising out of the misuse or unlawful or unauthorized use by any person of such facsimile signature(s).

FURTHER AUTHORIZED, that

1. Any and all acts of any of the person(s) of the above Firm in connection with any deposit account(s) with you or in regards to any obligation or obligations of the above Firm with you are hereby ratified and confirmed as duly authorized acts of the above Firm.
2. All prior Authorizations that were adopted by the above Firm and certified to you for application in governing the above Firm's deposit account(s) with you or loan obligation or obligations with you, are in full force and effect, unless this Authorization supplements those prior Authorizations or modifies those prior Authorizations.
3. This Authorization and its provisions thereof are pursuant to and in full compliance with all legal filings and / or by-laws of the above Firm.
4. This Authorization and its provisions thereof shall remain in full force and effect until the above Firm officially notifies you to the contrary in writing.
5. The following persons have been designated by the Firm as Authorized Signers on Account # _____ or Safe

Deposit / Lock Box # _____ The number of Authorized Signers per transaction will be 2

Print / Type Name and Title Paul Lauer/Township Manager
 Name and Title Tracey Eakin/Assistant Township Manager
 Name and Title Tom Pirosko /Chairman
 Name and Title Gary J. Stiegel Jr./ Vice Chairman
 Name and Title Kyle Thauvette/ Assistant Township Manager

I / we hereby certify that the following are all of the Principals of the above named Firm and that I / we are empowered to act for and on behalf of the above named Firm:

IN WITNESS WHEREOF, I / WE HAVE HEREUNTO SET MY / OUR HAND THIS 2 day of January, 2024

(A) Signature _____	Name and Title <u>Paul Lauer/ Township Manager</u>
(B) Signature _____	Name and Title <u>Tracey Eakin/ Assistant TWP Manager</u>
(C) Signature _____	Name and Title <u>Kyle Thauvette/Assistant TWP Manager</u>
(D) Signature _____	Name and Title <u>Tom Pirosko/ Chariman</u>
(E) Signature _____	Name and Title <u>Gary J. Stiegel Jr. / Vice Chariman</u>
(F) Signature _____	Name and Title _____