

ACCOUNT AGREEMENT

7.6.22-413

Community Bank of Raymore
PO Box 200
Raymore, MO 64083-0200

P.42

Account 1402928
Number:

Account Owner(s) Name & Address
WESTERN CASS FIRE PROTECTION DISTRICT

Agreement Date: 06/22/2022 By: Fallon Solschei

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

PO BOX 8
CLEVELAND, MO 64734

Account Desc: Green Bus Chkn

Checking Savings NOW

Initial Deposit \$ _____ Source: _____

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
- Public Fund

Additional Information: Email: _____ Phone: (816) 560-4959 (816) 225-5666
Employer: WESTERN CASS
Occupation: WESTERN CASS

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.

Registration in Beneficiary Form - This Account Is Subject To The Nonprobate Transfers Law of Missouri. Note: All Owners Sign The Signature Block.

Transfer On Death To: Beneficiaries

1. _____ LDPS NO LDPS
2. _____ LDPS NO LDPS
3. _____ LDPS NO LDPS

Witness _____


MARTHA L HARDMAN

I.D. # _____ D.O.B. _____


SUSANNE MARGARET HOSTERMAN Authorized Signer

I.D. # _____ D.O.B. _____

(3) 
DARVIN SCHILDKNECHT Authorized Signer

I.D. # _____ D.O.B. _____

(4) 
KERRI VANMEVEREN Authorized Signer

I.D. # _____ D.O.B. _____

Authorized Signer - If selected above (Individual accounts only), this person is an Authorized Signer (not an owner).

Backup Withholding Certifications (Non-"U.S. Persons" - See Instructions)

By signing at right, I, **MARTHA L HARDMAN** certify under penalties of perjury that the statements made in this section are true.

TIN: 43-13 _____ 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).

(5) missing John Webb

Addendum

16-22-X15

Date: 06/22/2022

Financial Institution

Community Bank of Raymore
PO Box 200
Raymore, MO 64083-0200

Account Title & Address

WESTERN CASS FIRE PROTECTION DISTRICT

PO BOX 8
CLEVELAND, MO 64734

Addendum

This Addendum is incorporated into and made a part of the document described as follows (the "Agreement");
Account Agreement dated: 12/17/2021, relating to account number(s): ***** 2928
(for example, "Account Agreement")

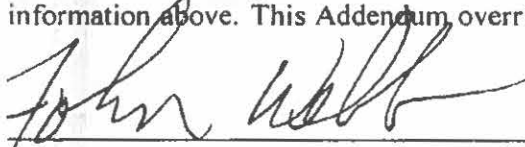
Beneficiary Information

and/or

Additional Terms

Signature Addendum. The following signatures are added to and supplement the signatures provided on the Agreement. The undersigned agree to the terms of the Agreement, and all terms and disclosures acknowledged on the Agreement.

Amendment Signatures. This Addendum amends the Agreement. The undersigned agree to the additional terms or information above. This Addendum overrides any conflicting terms of the Agreement.



JOHN E WEBB

06/22/2022

Date

Date

Date

Date

Date

Date

ENTITY AUTHORIZATION

1.6-22-X15

ENTITY CERTIFICATIONS. I, **MARTHA L HARDMAN**

(Authorization Signer's name), certify that: I am a/the **BOARD MEMBER**

(Authorization Signer's title) designated to act on behalf of **WESTERN CASS FIRE PROTECTION DISTRICT**

(Authorizing Entity). Authorizing Entity is a **Public Funds**

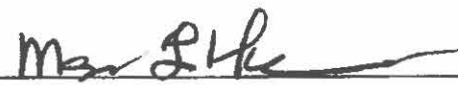



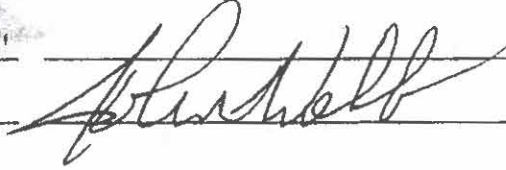
type of entity, like a "non-profit" corporation) and its Taxpayer Identification Number 43-13 [REDACTED]. I am authorized and directed to [REDACTED] an original or a copy of this Authorization to Financial Institution, and anyone else requiring a copy. Authorizing Entity is duly organized, validly existing and in good standing under the laws of Missouri and is duly qualified, validly existing and in good standing in all jurisdictions where Authorizing Entity operates or owns or leases property. Authorizing Entity has the power and authority to provide this Authorization, to confer the powers granted in this Authorization and to carry on Authorizing Entity's business and activities as now conducted. The designated Agents have the power and authority to exercise the actions specified in this Authorization and Authorizing Entity properly adopted these authorizations and appointed the Agents and me to act on its behalf. Authorizing Entity will notify Financial Institution before reorganizing, merging, consolidating, recapitalizing, dissolving or otherwise materially changing ownership, management or organizational form. Authorizing Entity will be fully liable for failing to notify Financial Institution of these material changes.

Authorizing Entity conducts business and other activities under the additional trade name or fictitious name of [REDACTED] and Authorizing Entity has the legal power and authority to use this trade name or fictitious name. Authorizing Entity will not use any trade name or fictitious name without Financial Institution's prior written consent and will preserve Authorizing Entity's existing name, trade names, fictitious names and franchises.

GENERAL AUTHORIZATIONS. I certify Authorizing Entity authorizes and agrees that: **Community Bank of Raymore**

(Financial Institution) is designated to provide Authorizing Entity the financial accommodations indicated in this Authorization, subject to the Financial institution's rules and regulations from time to time. All prior transactions obligating Authorizing Entity to Financial Institution by or on behalf of Authorizing Entity are ratified by execution of this Authorization. Any Agent, while acting on behalf of Authorizing Entity, is authorized, subject to any expressed restrictions, to make all other arrangements with Financial Institution which are necessary for the effective exercise of the powers indicated within this Authorization. The signatures of the Agents are conclusive evidence of their authority to act on behalf of Authorizing Entity. Unless otherwise agreed to in writing, this Authorization replaces any earlier related Authorization and will remain effective until Financial Institution receives and records an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of this Authorization must be accompanied by documentation, satisfactory to Financial Institution, establishing the authority for the change. Authorizing Entity agrees not to combine proceeds from collateral securing any debts owed to Financial Institution with unrelated funds.

SPECIFIC AUTHORIZATIONS. The following persons (Agents) are authorized to act on behalf of Authorizing Entity in fulfilling the purposes of this Authorization:

	Individual's Name, Title, & if applicable, Representative Entity's Name and Relationship	Signature or Facsimile Signature
(a)	MARTHA L HARDMAN, BOARD MEMBER	
(b)	SUSANNE MARGARET HOSTERMAN, BOARD MEMBER	
(c)	DARVIN SCHILDKNECHT, BOARD MEMBER	
(d)	KERRI VANMEVEREN, BOARD MEMBER	
(e)	JOHN E WEBB, BOARD MEMBER	
(f)		

Authorizing Entity has adopted any facsimile signatures indicated above. Financial Institution may rely on those facsimile signatures that resemble the specimens within this Authorization or the specimens that Authorizing Entity periodically files with Financial Institution, regardless of by whom or by what means the signatures were affixed.

Authorizing Entity authorizes and directs the designated Agents to act, as indicated, on Authorizing Entity's behalf to:

(Indicate a, b, c, d, e and/or f to exercise each specific power):

- A B C D E Open or close any share or deposit accounts in Authorizing Entity's name, including, without limitation, accounts such as share draft, checking, savings, certificates of deposit or term share accounts, escrow, demand deposit, reserve, and overdraft line-of-credit accounts. Number of signatures required 1
- A B C D E Enter into and execute any preauthorized electronic transfer agreements for automatic withdrawals, deposits or transfers initiated through an electronic ATM or point-of-sale terminal, telephone, computer or magnetic tape using an access device like an ATM or debit card, a code or other similar means. Number of signatures required 1