

I. Account Information			
Select One:	<input type="checkbox"/> Replace all Existing Signature Card and Amendment to Signature Card with this card	<input type="checkbox"/> New Account	
Account #: <small>(If new account, Bank will complete)</small>			
Primary Purpose of Account:			
*Does not apply to Certificates of Deposit <input type="checkbox"/>		General Business Operations (payables, receivables, payroll, taxes) <input type="checkbox"/>	Money Services Business** <input type="checkbox"/>
			Casinos or Gaming** <input type="checkbox"/>
<small>**Additional information may be required prior to opening an account.</small>			
Account Holder Legal Name: <small>(Must match exact name on Formation Documents)</small>			State of Formation:
<input type="checkbox"/> Owner Business Name of Disregarded Entity: <small>(Must match 1st line of W9)</small>			
<input type="checkbox"/> Third Party/Funds Owner: <small>(if applicable, W-9/W-8 required from Third Party/Funds Owner)</small>			
<input type="checkbox"/> DBA Name: <small>(Must provide copy of fictitious filing)</small>			
Optional Descriptive Account Title:			
Statement Address:			
City:	State:	Country:	Postal Code:
II. Business Type			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Unincorporated Organization Association	
<input type="checkbox"/> Government Authority Agency	<input type="checkbox"/> Other		
<input type="checkbox"/> Limited Liability Company-Manager Managed	<input type="checkbox"/> Limited Liability Company-Member Managed	<input type="checkbox"/> Limited Liability Company-Sole Member	
III. Designated Accounts Signers			
Printed Name	Signature	Signer Limited to Check Signing ONLY*	
	Maryanne Melley	<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

***If you want a signer to have *only* check signing authority, you must check the box opposite the signer's name. If box is not checked, a signer will have all authority of a regular designated signer**

IV. Customer Acknowledgement & Agreement

You begin or continue a deposit account relationship with us by giving us information about your business and by signing this Signature Card. By signing below, you agree to be bound by the terms of the Deposit Account Agreement, this Signature Card and any Amendment to this Signature Card you give us. You authorize each person who has signed in the Designated Account Signer section herein, to operate any account opened under the Signature Card now or in the future. The Deposit Account Agreement we give you is part of your agreement with us regarding the use of your account and it tells you the current terms governing your account. We may change the Deposit Account Agreement at any time and we will inform you of changes that affect your rights and obligations. The Deposit Account Agreement includes a provision for alternative dispute resolution. You certify that all information you may have previously provided to us regarding the beneficial ownership of your organization is, to the best of your knowledge, complete and correct, and to the extent it is not, you are now providing us with updated information as required by law. The authority to operate an account includes authority to: sign checks and other items; give us other instructions, including any form of payment instruction; withdraw funds; deposit items payable to or belonging to you; bind the business in all transactions related to the account now and in the future; and transact other administrative business (including by electronic means) relating to the account such as closing the account. We may pay out funds from your account if the check, item, or other withdrawal instruction is signed by any one of the persons authorized to sign on the account and we will have no liability to you if we do this. If you wish to restrict a designated signer's authority to check signing you must indicate that by checking the appropriate box to the right of their name. We may rely on this authorization for any account opened under this Signature Card until we receive written notice revoking the authorization at the office where we maintain the account, and we have a reasonable time to act upon such notice. You may add or delete authorized signors for this account by submitting an Amendment to this Signature Card at any time. You agree that we will have a reasonable period of time to act upon any such amendment.

For CA Public Funds only: Any person signing this Agreement for the Organization certifies that they are duly authorized to do so as evidenced by attached banking resolution/contract for deposit of moneys or existing banking resolutions/contract for deposit of money on file with us.

V. Consent to Electronic Delivery of Account Material

By signing below, you consent to have documentation regarding your accounts and services delivered through electronic delivery such as secure e-mail or our digital banking portal. Information delivered electronically may include, without limitation, sensitive information about your accounts and services, disclosures and terms governing your accounts and services, and information that could facilitate unauthorized transactions against your accounts. You will ensure the e-mail address used for electronic delivery is secure. You should check this e-mail address or our digital banking portal as important notices may be transmitted periodically. If you would like physical copies of documentation, please contact your service representative.

		Marianne Melley	3/13/2023
Printed Name	Title (Certifying individual must be authorized on Banking Resolution, Title MUST match)	Signature	Date

E-mail Address for electronic delivery (Required for new account opening):

VI. Substitute Form W9 / Certification (If foreign entity, W-8 required. Section VI leave blank.)

1. Name (as shown on your income tax return) do not leave this line blank.	
2. Business name/disregarded entity name, if different from above	
3.	<input type="checkbox"/> Employer Identification Number
	<input type="checkbox"/> Social Security Number

4. Federal Tax Classification; check only ONE of the following seven boxes

<input type="checkbox"/> Individual /sole proprietorship or single member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=corporation, S=S corporation, P=partnership) Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions from IRS)	Exemptions (Codes apply only to certain entities, not individuals) Exempt payee code (if any) Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)
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Under penalties of perjury, I certify that: 1) the employer identification number or social security number shown on this form for this account holder is correct (or the account holder is waiting for a number to be issued); and 2) the account holder is not subject to backup withholding because: (a) the account holder is exempt from backup withholding, or (b) the account holder has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the account holder that it is no longer subject to backup withholding; and 3) the account holder is a United States person (defined below*); and 4) The FATCA code(s) entered on this form (if any) indicating that the organization is exempt from FATCA reporting is correct.

Certification instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

* If the organization listed above is a foreign entity use the applicable IRS Form W-8 (for additional information please see IRS instructions). The term "United States person" means a citizen or resident of the United States; a partnership created or organized in the United States or under the laws of the United States or of any State; a corporation created or organized in the United States or under the laws of the United States; or of any state or any estate or trust other than a foreign estate or foreign trust.

By signing below, the account holder agrees to be bound by the above Tax Information Certification.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

		Marianne Melley	3/13/2023
Printed Name	Title	Signature	Date