



Appendix A

Account Signers

Customer Information

Customer Name: OLIVEHURST PUBLIC UTILITY DISTRICT Tax Identification Number: 94-6003628

Account Information

Account Name	Account Number	Tax Identification Number
OLIVEHURST PUBLIC UTILITY DISTRICT OPERATING ACCOUNT	1-534-9503-8579	94-6003628

Authorized Account Signers

Name	Title	Specimen Signature
DENNISE BURBANK	BOARD PRESIDENT	
GARY BRADFORD	BOARD MEMBER	
JAMES CARPENTER	BOARD MEMBER	
JOHN FLOE	BOARD MEMBER	
CHRISTOPHER WHITE	BOARD MEMBER	
TIMOTHY SHAW	GENERAL MANAGER	
WADE HARRISON	FIRE CHIEF	

The Contract Signer listed below further represents and warrants to the Bank that the signatures listed above are the true and authentic signatures of the Authorized Account Signer(s) and that Customer has taken all action required by its organizational documents to appoint the Authorized Account Signer(s).

REQUEST FOR FEDERAL TAXPAYER IDENTIFICATION NUMBER

UNDER PENALTIES OF PERJURY I CERTIFY THAT:

- A. THE NUMBER(S) SHOWN ABOVE IS/ARE THE CORRECT TAXPAYER IDENTIFICATION NUMBER(S) FOR THE CORRESPONDING TAXPAYER.
- B. I AM NOT SUBJECT TO BACKUP WITHHOLDING AS A RESULT OF FAILURE TO REPORT ALL INTEREST OR DIVIDENDS SINCE I HAVE NOT BEEN NOTIFIED I AM SUBJECT TO OR HAVE BEEN NOTIFIED I AM NO LONGER SUBJECT TO BACKUP WITHHOLDING BY THE INTERNAL REVENUE SERVICE. (IF YOU CANNOT CERTIFY THIS, CROSS OUT STATEMENT B.)
- C. I AM A U.S. PERSON (AS DEFINED IN THE IRS FORM W-9 INSTRUCTIONS, WHICH INSTRUCTIONS WILL BE PROVIDED BY BANK UPON REQUEST).
- D. I AM AN EXEMPT CUSTOMER AS LISTED IN THE IRS FORM W-9 INSTRUCTIONS - CHECK BOX

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Contract Signer Signature: _____ Print Title: GENERAL MANAGER
Print Name: TIMOTHY SHAW Date: _____

For Internal Use Only: Authorized Signers are related to the Master Services Agreement dated: _____			
Review _____	Validation Method _____	TL Review _____	Imaged _____



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Account Signers

For Internal Use Only:

Authorized Signers are related to the Master Services Agreement dated: _____

Review _____ Validation Method _____ TL Review _____ Imaged _____