



Program Administrator Delegation

The Commerce Bank Master Service Agreement and Service Agreement(s) entered into by and between Commerce Bank ("Commerce") and Crosby Independent School District ("Customer") states in part:

Program Administrator. Customer shall designate one or more of its employees and/or third-party providers to assist Commerce in the administration of the Service(s) ("Program Administrator"). The Program Administrator shall assist Commerce with the implementation and administration of the Services and shall act as the primary point of contact between Customer and Commerce. Customer shall be responsible for ensuring that said Program Administrator(s) is authorized to oversee all decisions, including, but not limited to, file formatting, transmission systems, Customer employee responsibilities, funding procedures, billing statements, custom services and any changes or enhancements made to the Service.

The Program Administrator(s) is also authorized to appoint other Program Administrators of which Commerce may be unaware. Customer shall be deemed to have authorized said person(s), whether or not documented below, to act as a Program Administrator and perform the duties of a Program Administrator.

In accordance with the above, the individuals listed below are designated as Program Administrator(s), for Customer:

Individual(s)	Individual(s)
1. <u>Nora Mendez</u>	2. <u>Indra Hebert</u>
3.	4.
5.	6.
7.	8.
9.	10.

This authority is to remain in full force and effect until Commerce has received written notification from Customer of any changes, in such time and in such manner as to afford Commerce a reasonable opportunity to act on it.

WA L W
Signature of Authorized Person

Robert L. Heniff
Print Name

CFO
Title

10/30/2025
Date



Certificate of Authority and W-9 for a Government Organization

Customer Name ("Organization")	Taxpayer Identification Number (TIN)
Crosby Independent School District 101906	746000635
Address	City, State, Zip
14670 FM 2100	Crosby, TX 77532

The undersigned certifies that he/she is the duly elected and qualified Secretary, Assistant Secretary, or Clerk of the Organization; that the following resolutions, or substantively similar resolutions, have been duly adopted by the Governing Board/Governing Body of the Organization pursuant to its bylaws and the power and authority granted by such resolutions and/or bylaws remain in full force and effect and have not been amended or revoked; that the officers listed below have been granted the requisite power and authority to transact business as described herein ("Authorized Person(s)"), and that the specimen signature(s) of the Authorized Person(s) below are true and genuine.

RESOLVED, that any one of the Authorized Person(s) may from time to time appoint an Administrator to assist Commerce Bank ("Commerce") in the administration of the Account(s) or Programs as provided in the applicable Agreement.

RESOLVED, that the specimen signature(s) of the Authorized Person(s) below are true and genuine, whether such signatures are handwritten or electronic. If electronic signatures are provided, Commerce is authorized to accept the electronic signature of Authorized Person(s) for the purposes of authenticating or demonstrating the party's intent to be bound and shall have the same force and effect as if a document bore a handwritten signature.

FURTHER RESOLVED, Commerce is authorized to act upon these representations and resolutions until written notice of revocation is delivered to Commerce, and Commerce is authorized to presume the authority described herein shall apply with equal force and effect to the successors in office of the officers named herein.

Name of Authorized Person(s)	Title	Signature(s)	Section A (Credit)	Section B (Pre-Funded)
Paula Patterson	Superintendent		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Robert Heniff	Chief Financial Officer		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Section A – Credit Programs: Commercial Cards/AP Cards/Private Network Accounts, (each a Credit Program, and collectively "Credit Programs")

FURTHER RESOLVED, that any one of the Authorized Person(s) designated above is authorized to establish credit card accounts (with or without an associated plastic card)("Accounts") with Commerce, issue Accounts to any one person, to incur debt (in the form of a line of credit established by Commerce for the Organization) associated with the Accounts and to execute all documents to effectuate this purpose which he/she may deem necessary and proper, including without limitation any Master Services Agreement, Service Agreement(s) or other documentation requested by Commerce to open Credit Programs. By checking Section A - Credit above, all Authorized Persons shall also be deemed authorized to establish Pre-Funded Programs, if any.

Section B – Pre-Funded Programs: AP Cards/Private Network Accounts/Payment Hub (ACH, Check, Wire)/PreferPay/AP Invoice Automation, (each a Pre-Funded Program, and collectively "Pre-Funded Programs")/Merchant Bankcard Services/General Banking Services

FURTHER RESOLVED, that any one of the Authorized Person(s) designated above is authorized to establish Pre-Funded Programs, or Merchant Bankcard Services or other general banking services with Commerce, and to execute all documents to effectuate this purpose which he/she may deem necessary and proper, including without limitation any Master Services Agreement, Service Agreement(s), Merchant Agreement or other documentation requested by Commerce to establish Pre-Funded Programs, Merchant Bankcard Services or general banking services.

Substitute Form W-9 Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien).
4. I am exempt from FATCA reporting.

Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For further instructions, go to www.irs.gov. The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

IN WITNESS WHEREOF, I have signed my name as of the date written below.

Signature of Secretary, Assistant Secretary or Clerk
(wet signature required)

Date