



# New Business Account Sheet

Updating Signers

**USA Patriot Act - Important Information about Procedures for Opening a New Account**  
To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**Primary (Business Information)**

Business Name: Ector County ISD Existing Customer (CIP on file) (Y) or (N)

Business Address (No PO Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TIN (EIN): 75-6001362 Date Business Established: \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Business Email: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Purpose of Account: \_\_\_\_\_ Source of Funds (Ongoing Transactions): \_\_\_\_\_

Does the business operate ATMs? (Y) or (N)

Will there be international wire activity for this account? (Y) or (N), if Y please specify the countries and frequency of the transactions: \_\_\_\_\_

Is the business a Marijuana, CBD or Hemp Related Business? (Y) or (N), if Y please provide details: \_\_\_\_\_

Will the business have any Marijuana, CBD or Hemp related activities? (Y) or (N), if Y please provide details: \_\_\_\_\_

Is the business a Not for Profit organization? (Y) or (N) If Y, complete the Not for Profit Questionnaire

**Authorized Signer(s) (Information must be provided for all signers on the account)**

1. Name: Deborah Ottmers Existing Customer (CIP on file) (Y) or (N)

Address (No PO Boxes): \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS #: \_\_\_\_\_ DOB: \_\_\_\_\_ DL #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation/Job Title: \_\_\_\_\_

Are you or an immediate family member a close associate of a foreign political figure? (Y) or (N)

2. Name: Albessa Chavez Existing Customer (CIP on file) (Y) or (N)

Address (No PO Boxes): \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS #: \_\_\_\_\_ DOB: \_\_\_\_\_ DL #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation/Job Title: \_\_\_\_\_

Are you or an immediate family member a close associate of a foreign political figure? (Y) or (N)

Authorized Signature(s): #1 Deborah P. Ottmers Date 6/6/2022 Active Military (Y) or (N)

#2 Albessa Chavez Date 6/6/2022 Active Military (Y) or (N)

I certify that the information above is true and correct to the best of my knowledge. You may keep this application whether or not it is approved. By signing this form, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit report with you. I understand that I must update credit information at your request if my financial situation changes.

(For Bank Use Only)

Business Checking 62  
Business Checking Affiliate 66  
Business Analysis Checking AA

Remote Deposit Analysis Checking RD  
HY Business MM 82  
Business Savings 85

Business Savings Affiliate 92  
HY Business MM Savings Affiliate 93  
Certificate of Deposit CD

Rate Variance Exception Approved by: \_\_\_\_\_

Date: 6/2/22 Account Type: 86 Account #: 1514105 Term: \_\_\_\_\_ Rate: \_\_\_\_\_ \$

Date: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_ Term: \_\_\_\_\_ Rate: \_\_\_\_\_ \$

Copy of New Customer(s) DL: \_\_\_\_\_ OR Existing Customer/Signer: \_\_\_\_\_ ChexSystems: \_\_\_\_\_ Lexis/Nexis: \_\_\_\_\_

Beneficial Owner(s) Form (Y/N): Y \*If Yes, complete the Beneficial Owner(s) Checklist. \*If No, provide the Beneficial Ownership Exclusion Reason and the documentation used to determine the exclusion: \_\_\_\_\_

CIF (Business): EAA1522 CIF (Auth Signer #1): \_\_\_\_\_ CIF (Auth Signer #2): \_\_\_\_\_

Patriot Officer: \_\_\_\_\_ Source of Funds (Opening Deposit): \_\_\_\_\_ Checks ordered (Y/N): Y

Opened by: JANAB/212 Account Officer: MAK Reviewed by: \_\_\_\_\_



# New Business Account Sheet

### USA Patriot Act - Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

#### Primary (Business Information)

Business Name: Ector County ISD Existing Customer (CIP on file) (Y) or (N)

Business Address (No PO Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TIN (EIN): 75-6001362 Date Business Established: \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Business Email: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Purpose of Account: \_\_\_\_\_ Source of Funds (Ongoing Transactions): \_\_\_\_\_

Does the business operate ATMs? (Y) or (N)

Will there be international wire activity for this account? (Y) or (N), if Y please specify the countries and frequency of the transactions: \_\_\_\_\_

Is the business a Marijuana, CBD or Hemp Related Business? (Y) or (N), if Y please provide details: \_\_\_\_\_

Will the business have any Marijuana, CBD or Hemp related activities? (Y) or (N), if Y please provide details: \_\_\_\_\_

Is the business a Not for Profit organization? (Y) or (N) If Y, complete the Not for Profit Questionnaire

#### Authorized Signer(s) (Information must be provided for all signers on the account)

1. Name: Michael Carrillo Existing Customer (CIP on file) (Y) or (N)

Address (No PO Boxes): \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS #: \_\_\_\_\_ DOB: \_\_\_\_\_ DL #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation/Job Title: \_\_\_\_\_

Are you or an immediate family member a close associate of a foreign political figure? (Y) or (N)

2. Name: \_\_\_\_\_ Existing Customer (CIP on file) (Y) or (N)

Address (No PO Boxes): \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS #: \_\_\_\_\_ DOB: \_\_\_\_\_ DL #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation/Job Title: \_\_\_\_\_

Are you or an immediate family member a close associate of a foreign political figure? (Y) or (N)

Authorized Signature(s): #1 [Signature] Date 06/06/2022 Active Military (Y) or (N)

#2 \_\_\_\_\_ Date \_\_\_\_\_ Active Military (Y) or (N)

I certify that the information above is true and correct to the best of my knowledge. You may keep this application whether or not it is approved. By signing this form, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit report with you. I understand that I must update credit information at your request if my financial situation changes.

(For Bank Use Only)

Business Checking 62  
Business Checking Affiliate 66  
Business Analysis Checking AA

Remote Deposit Analysis Checking RD  
HY Business MM 82  
Business Savings 85

Business Savings Affiliate 92  
HY Business MM Savings Affiliate 93  
Certificate of Deposit CD

Rate Variance Exception Approved by: \_\_\_\_\_

Date: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_ Term: \_\_\_\_\_ Rate: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_ Term: \_\_\_\_\_ Rate: \$ \_\_\_\_\_

Copy of New Customer(s) DL: \_\_\_\_\_ OR Existing Customer/Signer: \_\_\_\_\_ ChexSystems: \_\_\_\_\_ LexisNexis: \_\_\_\_\_

Beneficial Owner(s) Form (Y/N<sup>2020</sup>): \_\_\_\_\_ If Yes, complete the Beneficial Owners Checklist. If No, provide the Beneficial Ownership Exclusion Reason and the documentation used to determine the exclusion: \_\_\_\_\_

CIF (Business): \_\_\_\_\_ CIF (Auth Signer #1): \_\_\_\_\_ CIF (Auth Signer #2): \_\_\_\_\_  
Patriot Officer: \_\_\_\_\_ Source of Funds (Opening Deposit): \_\_\_\_\_ Checks ordered (Y/N): \_\_\_\_\_  
Opened by: \_\_\_\_\_ Account Officer: \_\_\_\_\_ Reviewed by: \_\_\_\_\_



Account #: 1514165

### Account Agreement

Date: 08/28/2017

#### Institution Name & Address

NexBank  
McKinney Avenue  
2515 McKinney Ave #1700  
Dallas, TX 75201  
(972) 934-4700

Revised Date: 06/02/2022

#### Updating Signers

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

#### Owner/Signer Information 1

Name	Deborah Ottmers
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

#### Owner/Signer Information 2

Name	Albessa Chavez
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Internal Use Public Funds MMS

#### Account Title & Address

Ector County ISD  
802 N Sam Houston  
Odessa TX 79761

#### Ownership of Account

The specified ownership will remain the same for all accounts.

(For consumer accounts, select and initial.):

**Uniform Single-Party or Multiple-Party Account Selection Form Notice:** The type of account you select may determine how property passes at your death. Your Will may not control the disposition of funds held in some of the following accounts:

- Single-Party Account with Payable-On-Death (POD) Designation \_\_\_\_\_
- Single-Party Account without POD Designation \_\_\_\_\_
- Multiple-Party Account with Right of Survivorship \_\_\_\_\_
- Multiple-Party Account with Right of Survivorship and POD \_\_\_\_\_
- Multiple-Party Account without Right of Survivorship \_\_\_\_\_
- Convenience Account \_\_\_\_\_
- Trust Account (name beneficiaries below) \_\_\_\_\_

- Corporation - For Profit  Corporation - Nonprofit
- Partnership  Sole Proprietorship
- Limited Liability Company
- Trust-Separate Agreement Dated: \_\_\_\_\_

Public Funds

#### Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate ownership above.)

If checked, this is a temporary account agreement.

#### Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- Terms and Conditions  Privacy
- Electronic Fund Transfers  Truth in Savings
- Substitute Checks  Funds Availability
- Common Features  \_\_\_\_\_

Number of signatures required for withdrawal: 1

See Owner/Signer Information for Convenience Signer designation(s).

- 1 [x] Deborah Ottmers ]
- 2 [x] Albessa Chavez ]
- 3 [x] Michael Carrillo ] 4 [x] ]

Owner/Signer Information 3	
Name	Michael Carrillo
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 4	
Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certifications	
<i>(If not a "U.S. Person," certify foreign status separately.)</i>	
TIN: 75-6001362	
<input checked="" type="checkbox"/> Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.	
<input type="checkbox"/> 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.	
<input checked="" type="checkbox"/> Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.	
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).	
X	<u>Deborah Ottmers</u> 6/6/22 (Date)

Non-Individual Owner Information	
Name	Ector County ISD
EIN	75-6001362
Phone	(432) 456-9701
Mobile Phone	
E-Mail	deborah.ottmers@ectorcountyisd.org
Type of Entity	
State/Country & Date of Organization	
Nature of Business	
Address	802 N Sam Houston Odessa TX 79761
Mailing Address (if different)	
Authorization/Resolution Date	
Previous Financial Inst.	

Account Description	Account #	Initial Deposit/Source
Money Market	1514165	\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Services Requested	
<input type="checkbox"/> ATM	<input type="checkbox"/> Debit/Check Cards (No. Requested: _____)
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Other Terms/Information



CORPORATE AUTHORIZATION RESOLUTION

NexBank
2515 McKinney Ave #1700
Dallas, TX 75201

By: Ector County ISD
802 N Sam Houston
Odessa TX 79761

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, [redacted], certify that I am Secretary (clerk) of the above named corporation organized under the laws of
Ector County ISD, Federal Employer I.D. Number 75-6001362, engaged in business under the trade name of
and that the resolutions on this document are a correct copy of the resolutions
adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on 06/02/2022 (date).
These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Table with 3 columns: Name and Title or Position, Signature, Facsimile Signature (if used). Rows include Deborah Ottmers, Albessa Chavez, Michael Carrillo, and empty rows D, E, F.

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power.
Following each power indicate the number of Agent signatures required to exercise the power.)

Table with 3 columns: Indicate A, B, C, D, E, and/or F; Description of Power; Indicate number of signatures required. Powers include exercise of powers, opening accounts, endorsing checks, borrowing money, etc.

LIMITATIONS ON POWERS The following are the Corporation's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated [redacted]. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to
adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise
the same. (Apply seal below where appropriate.)

[ ] If checked, the Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal
of the Corporation on [redacted] (date).

Attest by One Other Officer

Secretary

## RESOLUTIONS

The Corporation named on this resolution resolves that.

- (1) The Financial Institution is designated as a depository for the funds of the Corporation and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Board of Directors of the Corporation and certified to the Financial Institution as governing the operation of this corporation's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Corporation. Any Agent, so long as they act in a representative capacity as an Agent of the Corporation, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Corporation with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Corporation acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Corporation with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Corporation authorizes each Agent to have custody of the Corporation's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

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### FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on \_\_\_\_\_ (date) by \_\_\_\_\_ (Initials)  This resolution is superseded by resolution dated \_\_\_\_\_ .

Comments: