



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) (Y)

Business Address (No PO Boxes): 802 N Sam Houston

City: Odessa State: TX Zip: 79761

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

Existing

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 Ottmers Date _____ Active Military (Y) or (N)

#2 Albessa Chavez Date 2/10/2022 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: 2/10/22 Account Type: 336 Account #: 1514105 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^o): _____ If Yes, complete the Beneficial Ownership Checklist ^oIf 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): _____

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: 02/08/2022
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

Form for Owner/Signer Information 1 with fields for Name, Relationship, Address, Mailing Address, Home Phone, Work Phone, Mobile Phone, E-Mail, Birth Date, SSN/TIN, Gov't Issued Photo ID, Other ID, Employer, Previous Financial Inst.

Owner/Signer Information 2

Form for Owner/Signer Information 2 with fields for Name, Relationship, Address, Mailing Address, Home Phone, Work Phone, Mobile Phone, E-Mail, Birth Date, SSN/TIN, Gov't Issued Photo ID, Other ID, Employer, Previous Financial Inst.

Internal Use Public Funds RMS

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.

Signatures

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] Albesa Chavez
3 [x] 4 [x]

Owner/Signer Information 3	
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.	

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.	

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.	

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

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"/>

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 other 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> (Date)

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 Ector County ISD, 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 02/08/2022 (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 and Albessa Chavez as Authorized Signers.

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. Lists powers such as exercising all 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

