

RESOLUTION OF A STATE OR LOCAL GOVERNMENT OPERATING UNDER AUTHORITY OF A BOARD, COUNCIL OR OTHER TYPE GOVERNING BODY

Hancock Whitney Bank

Name: City of Panama City Beach
Address: 17007 Panama City Beach Pkwy
City, State and ZIP: Panama City Beach, FL 32413

A. We, the undersigned, certify that: we are the Mayor and City Council Members of the above-named State or Local Government (hereinafter referred to as the Governing Authority") duly created, organized, and operating under the Constitution and Laws of the State of Florida, Federal Employer ID Number 59-6045116, and; that the following is a true, correct, and certified copy of a resolution adopted at a meeting of the Governing Authority, properly called and duly held on _____ and; that this resolution has been properly entered into the minutes of the Governing Authority, having not been modified or rescinded.

B. To be resolved that:

- (1) The Financial Institution named above is designated as a depository for the funds of this Governing Authority;
- (2) This resolution shall continue to have effect until express written notice of its recession, modification, or cancellation has been received and recorded by this Financial Institution;
- (3) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Governing Authority with this Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed;
- (4) Any of the persons named below, so long as they are acting in a representative capacity as agents of the Governing Authority, are authorized to make any and all contracts, agreements, stipulations and orders which they may deem advisable and necessary to open an Account(s) with the Financial Institution and for the effective exercise of powers over said account(s) for the transacting of all business concerning funds deposited in, moneys borrowed from, or other business transacted by and between this Governing Authority and said Financial Institution and; to endorse checks and orders for the payment of moneys and withdrawal of funds on deposit with this Financial Institution, subject to any restriction(s) stated below. The Governing Authority agrees to, shall be bound by, and otherwise be liable for, the terms and conditions of all such contracts, agreements, stipulations and orders. It shall be the responsibility of the Governing Authority to provide written notice to this Financial Institution should the authority of any of the agents it has so authorized to transact business on its behalf has been terminated. This Financial Institution shall incur no liability for acting in good faith upon the representations of said agents until such notice is properly given;
- (5) Any and all prior resolutions adopted by this governing authority and certified to this Financial Institution as governing the operation of the Governing Authority's account(s), are in full force and effect, unless supplemented or modified by this authorization;
- (6) The Governing Authority agrees to the terms and conditions of any account agreement, properly opened by any authorized representative of the Governing Authority and authorizes the Financial Institution named above, at any time, to charge the Governing Authority for all checks, drafts, or other orders, for the payment of moneys, drawn on the Financial Institution;

C. Print the name(s) and title(s) of any person who is authorized to exercise the powers listed below:

Drew Whitman, City Manager

Lynne Fasone, City Clerk

D. I further certify that the Governing Authority has, and at the time of adoption of this resolution did have, full power and lawful authority to adopt the foregoing resolution(s) and to confer the powers granted to the person(s) named herein;

IN WITNESS WHEREOF, we have hereunto affixed our signatures as of _____ (date).

Mark Sheldon
Mayor

Mark Sheldon
Printed Name

Paul R. Castro
City Council Member

Paul R. Castro
Printed Name

Phil Chester
City Council Member

Phil Chester
Printed Name

Geoff McConnell
City Council Member/Vice Mayor

Geoff McConnell
Printed Name

Michael Jarman
City Council Member

Michael Jarman
Printed Name

HANCOCK WHITNEY BANK

Branch Name: ILOB 944
Name/User ID: CCRENSHAW

ACCOUNT NUMBER

62012979

ACCOUNT OWNER(S) NAME & ADDRESS

CITY OF PANAMA CITY BEACH
17007 PANAMA CITY BEACH PKWY
PANAMA CITY BEACH, FL 32413

OWNERSHIP OF ACCOUNT - CONSUMER PURPOSE

INDIVIDUAL/SINGLE PARTY

JOINT/MULTIPLE PARTY (LA/AL ONLY)

JOINT/MULTIPLE PARTY W/ SURVIVORSHIP (FL/MS/AL/TX ONLY)

TRUST _____

PAYABLE ON DEATH _____

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

SOLE PROPRIETORSHIP

CORPORATION: FOR PROFIT NOT FOR PROFIT

PARTNERSHIP LIMITED LIABILITY COMPANY

NON PROFIT ORGANIZATION

BUSINESS: _____

TYPE OF ACCOUNT

CHECKING SAVINGS

MONEY MARKET CERTIFICATE OF DEPOSIT

NOW _____

This is your (check one):

Permanent Temporary account agreement.

DATE OPENED _____ BY _____

INITIAL DEPOSIT \$ _____

CASH CHECK _____

FIRST PARTY:

HOME TELEPHONE # _____

BUSINESS PHONE # _____

DRIVER'S LICENSE # _____

EMPLOYER _____

MOTHER'S MAIDEN NAME _____

Name and address of someone who will always know your location: _____

SECOND PARTY:

HOME TELEPHONE # _____

BUSINESS PHONE # _____

DRIVER'S LICENSE # _____

EMPLOYER _____

MOTHER'S MAIDEN NAME _____

Name and address of someone who will always know your location: _____

THE UNDERSIGNED AGREE(S) TO THE TERMS STATED ON THIS PAGE AND ACKNOWLEDGE(S) RECEIPT OF A COPY HEREOF AND THE FOLLOWING DISCLOSURES, IN ADDITION TO A COMPLETED COPY OF THE BANK'S DEPOSIT AGREEMENT WHICH CONTAINS THE TERMS AND CONDITIONS OF THE ACCOUNT, AND UNDERSIGNED HEREBY AGREES TO THE TERMS OF THE DEPOSIT AGREEMENT AND THE FOLLOWING DISCLOSURES:

- Electronic Funds Transfer Disclosure
- Privacy Policy
- Truth in Savings Disclosure
- Funds Availability Disclosure

W9 BACKUP WITHHOLDING CERTIFICATIONS
(Non-"U.S. Persons" - Use separate form W-8)

By signing at right, I, _____, certify under penalties of perjury that the statements made in this section are true.

TIN: _____
The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

Not Subject to 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.

Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. N/A

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

[_____]

X _____ DATE _____

SSN _____ D.O.B. _____

ID TYPE/# _____

ISSUE DATE _____ EXP. DATE _____

[_____]

X _____ DATE _____

SSN _____ D.O.B. _____

ID TYPE/# _____

ISSUE DATE _____ EXP. DATE _____

[_____]

X _____ DATE _____

SSN _____ D.O.B. _____

ID TYPE/# _____

ISSUE DATE _____ EXP. DATE _____

AUTHORIZED SIGNER

[]

X DREW WHITMAN DATE 05-22-21

SSN _____ D.O.B. _____

ID TYPE/# BA

ISSUE DATE _____ EXP. DATE _____

Signature Card for Additional Signers

ACCOUNT NUMBER

62012979

THE UNDERSIGNED AGREE(S) TO THE TERMS STATED ON THIS PAGE AND ACKNOWLEDGE(S) RECEIPT OF A COPY HEREOF AND THE FOLLOWING DISCLOSURES, IN ADDITION TO A COMPLETED COPY OF THE BANK'S DEPOSIT AGREEMENT WHICH CONTAINS THE TERMS AND CONDITIONS OF THE ACCOUNT, AND UNDERSIGNED HEREBY AGREES TO THE TERMS OF THE DEPOSIT AGREEMENT AND THE FOLLOWING DISCLOSURES:

- Electronic Funds Transfer Disclosure
- Funds Availability Disclosure
- Truth in Savings Disclosure

(1):

Lynne Fasone
 Lynne Fasone DATE 05-28-24
 SSN _____ D.O.B. _____
 ID TYPE/# BA
 ISSUE DATE _____ EXP. DATE _____

(2):

_____ DATE _____
 SSN _____ D.O.B. _____
 ID TYPE/# _____
 ISSUE DATE _____ EXP. DATE _____

(3):

_____ DATE _____
 SSN _____ D.O.B. _____
 ID TYPE/# _____
 ISSUE DATE _____ EXP. DATE _____

(4):

_____ DATE _____
 SSN _____ D.O.B. _____
 ID TYPE/# _____
 ISSUE DATE _____ EXP. DATE _____

(5):

_____ DATE _____
 SSN _____ D.O.B. _____
 ID TYPE/# _____
 ISSUE DATE _____ EXP. DATE _____

(6):

_____ DATE _____
 SSN _____ D.O.B. _____
 ID TYPE/# _____
 ISSUE DATE _____ EXP. DATE _____

(7):

_____ DATE _____
 SSN _____ D.O.B. _____
 ID TYPE/# _____
 ISSUE DATE _____ EXP. DATE _____

(8):

_____ DATE _____
 SSN _____ D.O.B. _____
 ID TYPE/# _____
 ISSUE DATE _____ EXP. DATE _____

(9):

_____ DATE _____
 SSN _____ D.O.B. _____
 ID TYPE/# _____
 ISSUE DATE _____ EXP. DATE _____

(10):

_____ DATE _____
 SSN _____ D.O.B. _____
 ID TYPE/# _____
 ISSUE DATE _____ EXP. DATE _____

(11):

_____ DATE _____
 SSN _____ D.O.B. _____
 ID TYPE/# _____
 ISSUE DATE _____ EXP. DATE _____

(12):

_____ DATE _____
 SSN _____ D.O.B. _____
 ID TYPE/# _____
 ISSUE DATE _____ EXP. DATE _____

(13):

_____ DATE _____
 SSN _____ D.O.B. _____
 ID TYPE/# _____
 ISSUE DATE _____ EXP. DATE _____

(14):

_____ DATE _____
 SSN _____ D.O.B. _____
 ID TYPE/# _____
 ISSUE DATE _____ EXP. DATE _____

INTERNAL USE ONLY

Short Name:

Sys Type:

Linkage:

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. City of Panama City Beach	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=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 checked="" type="checkbox"/> Other (see instructions) ▶ Municipality	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 17007 Panama City Beach Parkway	Requester's name and address (optional)
6 City, state, and ZIP code Panama City Beach, FL 32413	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
5 9 - 6 0 4 5 1 1 6	

Part II 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 a 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 (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ White FINANCE O. RECTOR	Date ▶ 11/20/19
------------------	---	------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.