

TRUIST SIGNATURE CARD (FLORIDA)

HERNANDO COUNTY SCHOOL BOARD
MASTER DISBURSEMENT ACCT
919 N. BROAD ST
BROOKSVILLE, FL 34601

ACCOUNT NUMBER [REDACTED]	OWNERSHIP DESIGNATION STATE	ACCOUNT OPENING DATE 03/27/1996	REVISED CARD DATE 4/22/2024
------------------------------	--------------------------------	------------------------------------	--------------------------------

Opened/Updated By E.TORRES Approved By E.TORRES/D43740 Branch Location 8551271

IDENTIFICATION

Type of ID lexis Issued By FL ID Number 173079811R113416 Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

IDENTIFICATION

Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____ Date of Birth _____

Second Type of ID _____ Issued By _____ ID Number _____ Expiration Date _____

Employer _____ Cell Phone Number (____) _____ Home Phone Number (____) _____

Address as listed on ID _____ Work Phone Number (____) _____

Check Appropriate Box for Depositor

☐ Individual / Sole Proprietor / single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate ☐ Limited Liability Company

Enter the tax classification (C = C corporation , S = S corporation, P = Partnership) ☐

Note: Check the appropriate box in 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.

☒ Other (See Instructions.) STATE

Exemptions: See Instructions Exempt Payee code (if any) ☐ Exemption from FATCA reporting code (if any) ☐ N/A (applies to accounts maintained outside the U.S.)

Certification - Under penalties of perjury, I, as authorized agent of the Depositor certify that:

1. The Depositor's correct taxpayer identification number is printed below (or the Depositor is waiting for a number to be issued), and

2. The Depositor is not subject to backup withholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Depositor that it is no longer subject to backup withholding, and

3. The Depositor is a U.S. citizen or other U.S. person (defined in the instructions); and

4. The FATCA codes(s) entered on this form (if any) indicating that the Depositor is exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if the Depositor has been notified by the IRS that the Depositor is currently subject to back withholding because the Depositor has failed to report all interest and dividends on the Depositor's tax return.

Form W-9 Instructions. Instructions to the Form W-9, including definitions, are available upon request.

Complete as applicable - only one beneficiary permitted if an entity.

Name of Beneficiary: _____ SSN/EIN: _____ Relationship: _____

Address of Beneficiary: _____

ID: _____

Name of Beneficiary: _____ SSN/EIN: _____ Relationship: _____

Address of Beneficiary: _____

ID: _____

Name of Beneficiary: _____ SSN/EIN: _____ Relationship: _____

Address of Beneficiary: _____

ID: _____

BUSINESS ACCOUNTS

By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposit Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify my/our credit references.

Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications in the box above which are required to avoid backup withholding.

596000647	HERNANDO COUNTY SCHOOL BOARD		
TIN of Depositor	Printed Name of Depositor	Printed Name/Title: Ray Pinder/Interim Superintendent	DATE
	Ray Pinder		
TIN of Signer	Printed Name of Signer		DATE

TRUIST SIGNATURE CARD ADDENDUM (FLORIDA)

This addendum is made part of the signature card attached herewith for the sole purpose of permitting additional signers thereto.

ACCOUNT NUMBER	OWNERSHIP DESIGNATION	ACCOUNT OPENING DATE	REVISED CARD DATE
	STATE	03/27/1996	4/22/2024

Opened/Updated By Approved By Branch Location

IDENTIFICATION
Type of ID ALTO Issued By FL ID Number 173079811R113416 Expiration Date Date of Birth
Second Type of ID Issued By ID Number Expiration Date
Employer Cell Phone Number () Home Phone Number ()
Address as listed on ID Work Phone Number ()

IDENTIFICATION
Type of ID Issued By ID Number Expiration Date Date of Birth
Second Type of ID Issued By ID Number Expiration Date
Employer Cell Phone Number () Home Phone Number ()
Address as listed on ID Work Phone Number ()

IDENTIFICATION
Type of ID Issued By ID Number Expiration Date Date of Birth
Second Type of ID Issued By ID Number Expiration Date
Employer Cell Phone Number () Home Phone Number ()
Address as listed on ID Work Phone Number ()

Complete as applicable - only one beneficiary permitted if an entity.

Name of Beneficiary: SSN/EIN: Relationship:
Address of Beneficiary:
ID:

Name of Beneficiary: SSN/EIN: Relationship:
Address of Beneficiary:
ID:

Name of Beneficiary: SSN/EIN: Relationship:
Address of Beneficiary:
ID:

BUSINESS ACCOUNTS

By my/our signature below, I/We certify that: (1) I/We have received the "Commercial Bank Services Agreement" and the "Business Deposit Accounts Fee Schedule" and on behalf of the Depositor agree to the terms of each document; and (2) I/We give consent to verify my/our credit references.

Please sign beside the Printed Name(s) only. If signature line does not have a Printed Name, then a signature is not required on that line.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications in the box above which are required to avoid backup withholding.

TIN of Signer	Linda Prescott Printed Name		DATE
TIN of Signer	Printed Name		DATE
TIN of Signer	Printed Name		DATE