

**RESOLUTION  
GOVERNMENTAL ENTITY****PROSPER BANK**  
185 E. Lincoln Hwy  
Coatesville, Pennsylvania 19320  
www.prosperbank.com**GOVERNMENTAL ENTITY NAME AND ADDRESS**CITY OF COATESVILLE  
FEDERAL FUNDS  
1 CITY HALL PL  
COATESVILLE, PA 19320-3446**Initial Resolution.**

DATE OF RESOLUTION	ACCOUNT NUMBER	Tax Identification Number	BANK REPRESENTATIVE
June 23, 2021	Deposit Account #107004012	XX-XXX1903	llamb

By signing below, we certify to PROSPER BANK ("Financial Institution") that: we are the AUTHORIZE SIGNER, AUTHORIZE SIGNER, and AUTHORIZE SIGNER of the above named Governmental Entity ("Entity"), validly chartered and operating under the laws of the State of Pennsylvania; the following is a true and complete copy of the Resolution, properly adopted at a duly called open legal meeting of the officers of the Entity held on June 23, 2021 in accordance with the charter of the Entity, if any; this Resolution is contained in the minutes of that meeting and that such Resolution is still in force and effect and has not been amended or rescinded, and was and still is in accordance with the charter of the Entity, if any; the Financial Institution has been provided a true and complete copy of the charter of the Entity, if any, as in effect as of the date of this Resolution; provided below are the correct names, titles, and genuine signatures of the persons authorized to exercise the powers provided in the Resolution ("Authorized Signers"); and the Financial Institution may rely upon our certification as to our authority to execute this Resolution and to make the representations in this Resolution.

**IT IS RESOLVED:****The Authorized Signers shall possess the powers indicated as contained in this Resolution.**

**DEPOSITORY ACCOUNT.** Perform the following activities in regards to the depository account(s) indicated above in the name of the Entity, subject to any terms and conditions governing the account(s), including:

- **Account Opening and Maintenance.** Open and maintain the Entity account(s).  
Number of signers required: 2
- **Make Deposits.** Make deposits to the Entity account(s).  
Number of signers required: 1
- **Endorsements.** Endorse for negotiation, negotiate, and receive the proceeds of any negotiable instrument, check, draft, or order for the payment of money payable to or belonging to the Entity, by writing, stamp, or other means permitted by this Resolution without the designation of the person endorsing.  
Number of signers required: 2
- **Make withdrawals.** Make withdrawals from the Entity account(s) in any manner permitted by the account(s) regardless whether such action will create or increase an overdraft of the involved account.  
Number of signers required: 2
- **Transfer Funds.** Transfer funds from the Entity account(s) in Financial Institution to any account whether or not held at this Financial Institution and whether or not held by this Entity and execute any agreements related to such transfers.  
Number of signers required: 2
- **Approve, Endorse, Guarantee and Identify Payees.** Approve, endorse, guarantee, and identify the endorsement of any payee or any endorser of any negotiable instrument, check, draft, or order for the payment of money whether drawn by the Entity or anyone else and guarantee the payment of any negotiable instrument, check, draft, or order for the payment of money.  
Number of signers required: 2
- **Delegate Authority.** Delegate to others the authority to approve, endorse, guarantee, and identify the endorsement of any payee or endorser on any negotiable instrument, check, draft, or order for the payment of money and to guarantee the payment of any such negotiable instrument, check, draft, or order for the payment of money.  
Number of signers required: 2

**SAFE DEPOSIT BOX.** Lease a Safe Deposit Box(es) with Financial Institution, make inspections of, deposits to and removals from the Box(es), and exercise all rights and be subject to all responsibilities under the Lease.

Number of signers required: 2

**NIGHT DEPOSITORY.** Enter into a Night Depository Agreement with Financial Institution and exercise all rights and be subject to all responsibilities under the Agreement.

Number of signers required: 2

**LOCKBOX.** Enter into a Lockbox Agreement with Financial Institution and exercise all rights and be subject to all responsibilities under the Agreement.

Number of signers required: 2

**DEBIT CARD/ACCESS CARD.** Apply for, receive and utilize debit, automated teller machine cards, or other access devices to exercise those powers authorized by this Resolution or other Resolutions then in effect.

Number of signers required: 2

**CASH MANAGEMENT.** Enter into a Cash Management Agreement with Financial Institution, and exercise all rights and be subject to all responsibilities under the Agreement.

Number of signers required: 2

**IT IS FURTHER RESOLVED THAT:**

**DESIGNATED DEPOSITORY.** Financial Institution is designated as a depository for the funds of the Entity and to provide other financial accommodations indicated in this Resolution.

**AUTHORIZED SIGNER'S POWERS.** Authorized Signers are authorized to make any and all other contracts, agreements, stipulations, and orders which the Authorized Signers may deem advisable for the effective exercise of their powers.

**SIGNATURES.** The Financial Institution shall be indemnified and held harmless by the Entity for any claims, expenses, damages, or attorney fees resulting from the honoring of any signature, authorized by this Resolution, or refusing to honor any signature not so authorized, regardless of whether or not such signature was genuine, if such signature reasonably resembles the specimen provided to the Financial Institution. The Financial Institution shall also be permitted to rely upon non-signature security and verification codes which it provides to or receives from an Authorized Signer and shall be indemnified and held harmless by the Entity for any claims, expenses, damages, or attorney fees resulting from their use.

**IMPROPER ENDORSEMENT.** Any negotiable instrument, check, draft, or order for the payment of moneys not clearly endorsed by an Authorized Signer may be returned to the Entity by the Financial Institution. The Financial Institution, in its sole discretion, alternatively may endorse on behalf of the Entity any negotiable instrument, check, draft, or order for the payment of money not clearly endorsed in order to facilitate collection. Financial Institution shall have no liability for any delay in the presentment or return of any negotiable instrument, check, draft, or order for the payment of money which is not properly endorsed.

**DISPOSITION OF FUNDS.** When withdrawal or transfer powers are granted to an Authorized Signer, the Financial Institution is directed and authorized to act upon and honor withdrawal or transfer instructions issued and to honor, pay, transfer from, and charge to any depository account(s) of the Entity, all negotiable instruments, checks, drafts, or orders for the payment of money so drawn when signed consistent with the Resolution without inquiring as to the disposition of the proceeds or the circumstances surrounding the issuance of the negotiable instrument, check, or order for the payment of money involved, whether such negotiable instruments, checks, drafts, or orders for the payment of money are payable to the order of, or endorsed or negotiated by any Authorized Signer signing them or any Authorized Signer in their individual capacities or not, and whether they are deposited to the individual credit of or tendered in payment of the individual obligation or account of any Authorized Signer signing them or of any other Authorized Signer.

**PRIOR ENDORSEMENTS.** All negotiable instruments, checks, drafts, or orders for the payment of money deposited with prior endorsements are guaranteed by the Entity.

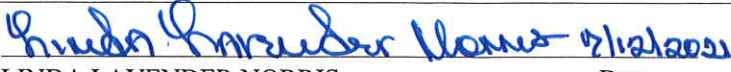
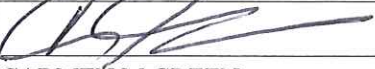

**PRE-RESOLUTION TRANSACTIONS.** All actions by Authorized Signers in accordance with this Resolution but before the adoption of this Resolution are approved, ratified, adopted, and confirmed by the Entity.

**WARRANTY.** That the Financial Institution may rely upon the certification as to the Entity authority to execute this Resolution and make the representations in this Resolution.

**NOTIFICATION OF CHANGES.** The Entity shall notify Financial Institution in writing at its address shown above in advance of any changes which would affect the validity of any matter certified in this Resolution.


**REVOCATION AND MODIFICATION.** An act ("Act") to modify, terminate, amend or replace this Resolution will not immediately affect the ability of the Financial Institution to rely upon this Resolution. The Act shall not affect any action by the Financial Institution in reliance on this Resolution before the date the Act becomes effective as set forth in the next sentence. An Act will not become effective until all of the following occur: (a) Financial Institution receives written notification of the Act in a form and substance satisfactory to the Financial Institution and (b) the Financial Institution has had a reasonable period of time to act upon such notification. Until the Act is effective, this Resolution shall remain in full force and bind the Entity, its legal representatives, heirs, successors and assigns.


**DESIGNATION OF AUTHORIZED SIGNERS**


NAME/TITLE/SIGNATURE	AUTHORITY CODE/LIMITATIONS
 LINDA LAVENDER NORRIS AUTHORIZED SIGNER Date	Account Opening and Maintenance; Lease Safe; Night Depository; Lockbox; Debit Card/Access Card; Cash Management; Make Deposits; Endorsements; Make Withdrawals; Transfer Funds; Approve, Endorse, Guarantee and Identify Payees; Delegate Authority
 CARMEN M GREEN AUTHORIZED SIGNER Date	Account Opening and Maintenance; Lease Safe; Night Depository; Lockbox; Debit Card/Access Card; Cash Management; Make Deposits; Endorsements; Make Withdrawals; Transfer Funds; Approve, Endorse, Guarantee and Identify Payees; Delegate Authority
 JAMES M LOGAN AUTHORIZED SIGNER Date	Account Opening and Maintenance; Lease Safe; Night Depository; Lockbox; Debit Card/Access Card; Cash Management; Make Deposits; Endorsements; Make Withdrawals; Transfer Funds; Approve, Endorse, Guarantee and Identify Payees; Delegate Authority

**CERTIFICATION.** We certify that the foregoing are the names, titles, and genuine signatures of the authorized signers of the Entity authorized by the Resolution.

**IN WITNESS WHEREOF,** we have subscribed our names on the date(s) shown below.

  
 LINDA LAVENDER NORRIS  
 AUTHORIZED SIGNER  
 Date

  
 CARMEN M GREEN  
 AUTHORIZED SIGNER  
 Date

  
 JAMES M LOGAN  
 AUTHORIZED SIGNER  
 Date

**ATTESTED BY:**  
  
 By: Latifah Lamb  
 Its: Branch Manager  
 Date

**ACCOUNT INFORMATION  
CHECKING ACCOUNT**

**PROSPER BANK**  
185 E. Lincoln Hwy  
Coatesville, Pennsylvania 19320  
www.prosperbank.com

**ACCOUNT TITLE AND ADDRESS**

CITY OF COATESVILLE  
FEDERAL FUNDS  
1 CITY HALL PL  
COATESVILLE, PA 19320-3446

ACCOUNT OPEN DATE	ACCOUNT NUMBER	OWNERSHIP TYPE	PRODUCT NAME	OPENED BY	INITIAL DEPOSIT
June 23, 2021	107004012	Governmental Entity	PROSPER FREE BUSINESS CHECKING	llamb	\$100.00

**GOVERNMENTAL ENTITY INFORMATION**

Name: CITY OF COATESVILLE  
Address: 1 CITY HALL PL  
COATESVILLE, PA 19320-3446

Resolution Date: June 23, 2021  
OFAC: No  
ChexSystems: No  
Source of Funds: CITADEL FEDERAL

**Customer does not engage in Internet Gambling.**

**DEFINITIONS.** "You," "your," and "account owner" refer to the Customer, whether or not there are one or more Customers named on the account, and the terms "we," "us," and "our" refer to the Bank, PROSPER BANK.

**ACKNOWLEDGMENT.** By signing this document, you acknowledge that you have opened the type of account designated above. The undersigned certify that all information provided to the Bank is true and accurate. As the account is in the name of a business entity, you acknowledge that you are acting on behalf of the business entity, and with respect to which you have legal authority to transact business. All signers authorize this Bank to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

Your signature acknowledges the receipt of the appropriate Account Agreement for the type of account designated above and that you agree to be bound by the Account Agreement. You acknowledge that you have received the following document(s):

- Funds Availability Policy Disclosure
- Truth In Savings Disclosure
- Fee Schedule

**One Signer Required for Withdrawals**

CITY OF COATESVILLE

*Linda Lavender Norris* 7/7/2021

By: LINDA LAVENDER NORRIS Date  
Its: AUTHORIZE SIGNER

*Carmen M Green*

By: CARMEN M GREEN Date  
Its: AUTHORIZE SIGNER

By: JAMES M LOGAN Date  
Its: AUTHORIZE SIGNER

**Signer:** LINDA LAVENDER NORRIS  
**Address:** 529 COLFAX ST  
COATESVILLE, PA 19320-3122  
**Title/Capacity:** AUTHORIZE SIGNER  
Identification Document  
Drivers License: 23412232  
ID Issued By: State of Pennsylvania  
ID Issuing Location: Pennsylvania  
ID Issue Date: September 6, 2015  
ID Expiration: September 2, 2019

**Tax ID Number:** XXX-XX-3694  
**Date of Birth:** September 1, 1960  
**Home Phone:** (484)880-1427

**Signer:** CARMEN M GREEN  
**Address:** 44 S EIGHTH AVE  
COATESVILLE, PA 19320-0000  
**Title/Capacity:** AUTHORIZE SIGNER  
Identification Document  
Passport: 437311593

**Tax ID Number:** XXX-XX-1881  
**Date of Birth:** June 27, 1959

**Signer:** JAMES M LOGAN  
**Address:** 486 WHARTON BLVD  
EXTON, PA 19341-1169  
**Title/Capacity:** AUTHORIZE SIGNER  
Identification Document  
Drivers License: 26686286  
ID Issued By: State of Pennsylvania  
ID Issuing Location: Pennsylvania  
ID Issue Date: January 7, 2016  
ID Expiration: February 18, 2020

**Tax ID Number:** XXX-XX-5868  
**Date of Birth:** February 17, 1961  
**Home Phone:** (610)384-0300

**TAXPAYER IDENTIFICATION NUMBER (T.I.N.) CERTIFICATION**

23-6001903

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 in the instructions for the IRS Form W-9), 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.

**Signature of U.S. person:**

Exemptions (see IRS Form W-9 instructions):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

  
\_\_\_\_\_  
Signature Date

**BANK REPRESENTATIVE SIGNATURE**  
  
\_\_\_\_\_  
By: Date  
Its: