

**Signer's 1 through 4**

Date: 03/04/2015

Institution Name & Address	
Western Alliance Bank 501 E. Butler Avenue Flagstaff, AZ 86001	

<b>Account Number:</b> 8010932260	<b>Port #:</b> 26073
Account Title & Address	
CITY OF FLAGSTAFF	
211 W ASPEN AVE FLAGSTAFF, AZ 86001	

**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.

Ownership of Account	
The specified ownership will remain the same for all accounts.	
<i>(For consumer accounts, select and initial.)</i>	
<input type="checkbox"/> Single-Party Account _____	<input type="checkbox"/> Multiple-Party Account _____
<input type="checkbox"/> Corporation - For Profit	<input type="checkbox"/> Corporation - Nonprofit
<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Limited Liability Company	
<input type="checkbox"/> Trust-Separate Agreement Dated: _____	

Owner/Signer Information 1	
Name	JERRY NABOURS
Relationship to Account (Owner and/or Signer, etc.)	MAYOR/SIGNER
Address	211 W ASPEN AVE, FLAGSTAFF, AZ 86001
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	JNABOURS@FLAGSTAFFAZ.GOV
Birth Date/Birth Place	
SSN/TIN	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	I: _____ E: _____
Other ID (Description, Details)	Desc: By: #: I: E:
Employer	
Occupation	
Mothers Maiden Name	

Beneficiary Designation	
<i>(Check appropriate ownership above - select and initial below.)</i>	
<input type="checkbox"/> Single-Party Account _____	
<input type="checkbox"/> Single-Party Account with Pay-On-Death (POD) _____	
<input type="checkbox"/> Multiple-Party Account with Right of Survivorship _____	
<input type="checkbox"/> Multiple-Party Account with Right of Survivorship and POD _____	
<input type="checkbox"/> Multiple-Party Account without Right of Survivorship _____	

Beneficiary Name(s), Address(es), and SSN(s)	
<i>(Check appropriate beneficiary designation above.)</i>	

If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: ONE

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:	
<input checked="" type="checkbox"/> Terms and Conditions	<input checked="" type="checkbox"/> Privacy
<input checked="" type="checkbox"/> Electronic Fund Transfers	<input checked="" type="checkbox"/> Truth in Savings
<input checked="" type="checkbox"/> Substitute Checks	<input checked="" type="checkbox"/> Funds Availability
<input checked="" type="checkbox"/> Common Features	<input checked="" type="checkbox"/> _____

<input checked="" type="checkbox"/> JERRY NABOURS	]
<input checked="" type="checkbox"/> JEFF MEILBECK	]
<input checked="" type="checkbox"/> ANDY WAGEMAKER	]
<input checked="" type="checkbox"/> BARBARA GOODRICH	]

Owner/Signer Information 2	
Name	JEFF MEILBECK
Relationship to Account (Owner and/or Signer, etc.)	CITY MANAGER/SIGNER
Address	211 W ASPEN AVE, FLAGSTAFF, AZ 86001
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	JMEILBECK@FLAGSTAFFAZ.GOV
Birth Date/Birth Place	
SSN/TIN	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	I: _____ E: _____
Other ID (Description, Details)	Desc: By: #: I: E:
Employer	
Occupation	
Mothers Maiden Name	

Owner/Signer Information 3	
Name	ANDY WAGEMAKER
Relationship to Account (Owner and/or Signer, etc.)	REVENUE DIRECTOR/SIGNER
Address	211 W ASPEN AVE, FLAGSTAFF, AZ 86001
Home Phone	
Work Phone	(928) 213-2253
Mobile Phone	
E-Mail	AWAGEMAKER@FLAGSTAFFAZ.GOV
Birth Date/Birth Place	
SSN/TIN	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	I: _____ E: _____
Other ID (Description, Details)	Desc: By: #: I: E:
Employer	
Occupation	
Mothers Maiden Name	

Owner/Signer Information 4	
Name	BARBARA GOODRICH
Relationship to Account (Owner and/or Signer, etc.)	MANAGEMENT SERVICES DIRECTOR/SIGNER
Address	211 W ASPEN AVE, FLAGSTAFF, AZ 86001
Home Phone	
Work Phone	(928) 213-2205
Mobile Phone	
E-Mail	BGOODRICH@FLAGSTAFFAZ.GOV
Birth Date/Birth Place	
SSN/TIN	
Gov't Issued Photo ID, Type, Number, State, Issue Date, Exp. Date	I: _____ E: _____
Other ID (Description, Details)	Desc: By: #: I: E:
Employer	
Occupation	
Mothers Maiden Name	

Backup Withholding Certifications	
<i>(If not a "U.S. Person," certify foreign status separately.)</i>	
TIN: 86-6000244	
<input checked="" type="checkbox"/> <b>Taxpayer I.D. Number (TIN)</b> - The number shown above is my correct taxpayer identification number.	
<input checked="" type="checkbox"/> <b>Backup Withholding</b> - 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 type="checkbox"/> <b>Exempt Recipients</b> - I am an exempt recipient under the Internal Revenue Service Regulations.	
<b>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).</b>	
X _____	(Date)
CITY OF FLAGSTAFF	

Non-Individual Owner Information	
Name	CITY OF FLAGSTAFF
EIN	86-6000244
Phone	
Mobile Phone	
E-Mail	
Type of Entity	Public Funds-Non Collateralized
State/Country & Date of Organization	AZ/USA
Nature of Business	CITY AND TOWN COUNCILS
Address	211 W ASPEN AVE, FLAGSTAFF, AZ 86001
Mailing Address (if different)	
Authorization/Resolution Date	03/04/2015

Account Description	Account #	Initial Deposit/Source
PRIME CHECKING1	8010932260	\$ _____ <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	
NAICS Code:	921120
Port Number:	26073
Responsibility Code:	Greg Sampson
Opened by:	Janelle Andrade
Deposit Limit:	_____
Existing	_____
Walk-In	_____
New Cust-Officer Referred	<input checked="" type="checkbox"/>
New Cust-Existing Signer/Guarantor	_____
<b>PLEASE COMPLETE THE FOLLOWING FOR SUPERCEDES ONLY:</b>	
Original Opening Date:	03/04/2015
Effective Date:	___/___/___
Supercedes Card Dated?	___/___/___
Superceded by Card Dated:	___/___/___