

Commercial Deposit Account Signature Card

Confidential



Select One Only: New Account Update; Add Authorized Signer(s)/Check Signer(s) Supersede Existing Signature Card

DEPOSIT ACCOUNT NUMBER: 9870575949

Account Opened By: Carrie A. Hauer

Branch No.: 196

Legal Name of Account Owner: (exactly as stated in its State issued certification)	Name School District 2 Raytown Consolidated	State of Organization:
D/B/A ("doing business as") Name, if applicable:	Name	MO
Descriptive Account Title, if applicable: (such as, "Operating Account") [not another entity's name]	Account Description General Account	Year Business Established: (4 digits)
		1903

Street Address (NOT a Post Office Box)	Number and Street 6608 RAYTOWN RD		
City RAYTOWN	State MO	ZIP 64133-5240	Phone (Day) 816-268-7060
Mailing Address, if different than Street Address above:	Street, PO Box, Apartment		
	City	State	ZIP

NOTE: If this is a property management account, then supplemental agreement(s) with the Account Owner and its agent are required by the Bank.

NAME(S) OF AUTHORIZED SIGNER(S): (Authorized to transact on this Account per Account Owner's resolutions)			
Name Alonzo Burton	<input type="checkbox"/> Add	Signature	
ID/License No.	Title President of the Board of Education		
Name Jacqueline Vernon	<input type="checkbox"/> Add	Signature	
ID/License No.	Title Director of Business Operations		
Name Terry Gibson	<input type="checkbox"/> Add	Signature	
ID/License No.	Title Chief Executive of Finance & Operations Officer		

AUTHORIZED OFFICER'S AUTHORIZATION and AGREEMENT

Account Owner begins or continues its deposit account relationship with **UMB Bank, n. a. ("UMB")** by providing it with the information above about Account Owner's business and by executing this Agreement below. By opening or maintaining the deposit account specified above (the "**Account**") with UMB, Account Owner confirms and agrees that: (1) the Account and all other deposit accounts maintained by Account Owner with UMB are governed by UMB's **Deposit Account Agreement** and documents referred to therein as "Supplemental Disclosures", as the Deposit Account Agreement may be revised by UMB from time to time; (2) Account Owner has received a copy of the Deposit Account Agreement and Supplemental Disclosures; (3) UMB is authorized to honor (a) instructions of *any* one of the Authorized Signers identified above for payment, withdrawal or transfer of funds from the Account or for transaction of other business on the Account per Account Owner's current resolutions or other authority documents; and (b) any check/draft issued by any Check Signer identified above whose authority is restricted to only sign checks/drafts and; (4) UMB may rely on the authorizations, agreement and certifications made on this Signature Card until UMB shall have received written notice from an authorized officer of Account Owner (which officer is identified in Account Owner's current resolutions or other authority documents that have been accepted by UMB as an individual having authority to certify powers granted thereby) revoking any authorization or certification at the office of UMB at which the Account is maintained, and UMB shall have had a reasonable amount of time to act upon such notice.

By signing below, I certify that: (a) I am an officer of Account Owner duly authorized to sign and deliver this Signature Card and Agreement to UMB on behalf of Account Owner; (b) information provided on this Signature Card is true and correct; (c) each individual identified above as an Authorized Signer or Check Signer is currently authorized to act on behalf of Account Owner as stated in this Signature Card by virtue of Account Owner's current resolutions or other authority documents that have been accepted by UMB; and (d) Account Owner agrees to be bound by the terms and provisions of this Signature Card and the Deposit Account Agreement.

AUTHORIZED OFFICER'S SIGNATURE (Authorized individual as specified in Account Owner's resolutions and/or certificate of incumbency):

X	Date
PRINT AUTHORIZED OFFICER'S NAME and TITLE	
Name Alonzo Burton	Title: President of the Board of Education

Commercial Deposit Account Signature Card

Confidential



DEPOSIT ACCOUNT NUMBER: 9870575949

FEDERAL EMPLOYER TAX IDENTIFICATION NUMBER: 446004129

TYPE OF ENTITY FOR FEDERAL TAX CLASSIFICATION:
Business [tax classification - C = C corporation; S = S corporation; P = partnership]

<input type="checkbox"/> Corporation C <input type="radio"/> S <input type="radio"/>	<input type="checkbox"/> Limited Liability Company C <input type="radio"/> S <input type="radio"/> P <input type="radio"/>	<input checked="" type="checkbox"/> U.S. (Federal) Government Public Funds
<input type="checkbox"/> Corporation (Professional; PC)	<input type="checkbox"/> Manager Managed <input type="radio"/> Member Managed	<input type="radio"/> State <input type="radio"/> County <input type="radio"/> Municipality <input checked="" type="radio"/> Other
<input type="checkbox"/> Corporation (Nonprofit; IRC§501(c)(3))	<input type="checkbox"/> Business Trust	<input type="checkbox"/> Foreign corporation/entity**
<input type="checkbox"/> Partnership (General)	<input type="checkbox"/> Real Estate Investment Trust	<input type="checkbox"/> UMB Entity
<input type="checkbox"/> Partnership (Limited)	<input type="checkbox"/> Qualified Settlement Fund	<input type="radio"/> UMBF Corp. Subsidiary
<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Trust / Estate	<input type="radio"/> UMB Bank Subsidiary
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Association/ Organization	
	<input type="checkbox"/> Other :	

FATCA EXEMPTION CODE:
 This deposit account is established and maintained in The United States. Therefore, a FATCA exemption code does not apply.

ACCOUNT OWNER'S IRS FORM W-9 TAX INFORMATION and CERTIFICATION

In order for Account Owner to avoid backup withholding, The United States Department of the Treasury, Internal Revenue Service (the **"IRS"**) requires that Account Owner provide its certification that it is not subject to backup withholding.

- By signing for Account Owner below, I certify under penalties of perjury that:
- (1) the Employer Tax Identification Number stated above is the correct Taxpayer Identification Number for Account Owner; and
 - (2) Account Owner is not subject to backup withholding because (i) Account Owner is exempt from backup withholding, or (ii) Account Owner has not been notified by the IRS that Account Owner is subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified Account Owner that it is no longer subject to backup withholding; and
 - (3) Account Owner is a 'U.S. person' *; and
 - (4) The Foreign Account Tax Compliance Act (FATCA) Code(s) entered on this form (if any) indicating the Account Owner is exempt from FATCA reporting is correct.

[You must cross out item (2) above if Account Owner has been notified by the IRS that Account Owner is currently subject to backup withholding because Account Owner has failed to report all interest and dividends on Account Owner's tax return. The IRS does not require Account Owner's consent to any provision of this document other than the certifications to avoid backup withholding.]

ACCOUNT OWNER'S SIGNATURE of U.S. PERSON:

X **Date**

PRINT NAME OF ACCOUNT OWNER'S U.S. PERSON

Name **Alonzo Burton**

* For Federal tax purposes, a "U.S. person" is a partnership, corporation, company or association created or organized in The United States or under the laws of The United States, or an estate (other than a foreign estate), or a domestic trust (see IRS Reg. §301.7701-7).

** **If** Account Owner is a foreign entity (not a U.S. person), **then do not** use the **IRS Form W-9** certification above. A foreign entity Account Owner must instead use the appropriate **IRS Form W-8** that applies to Account Owner's status. For information about the **IRS Forms W-8**, Account Owner should see www.irs.gov/w8.

FOR UMB BANK USE: NEW ACCOUNTS ONLY - ALL FIELDS REQUIRED:			SPECIAL CODE:	
Sub Product Code:	OFF1:	OFF2:	TMO:	NAICS: 611110
Related entities:				
Billing Structure	Stand Alone Billing:	Yes <input type="radio"/>	No <input type="radio"/>	
	Relate & Analyze:	Yes <input type="radio"/>	No <input type="radio"/>	If yes, then key billing account:
	Account Analysis Statement:	Yes <input type="radio"/>	No <input type="radio"/>	
	Customer Recap Statement	Yes <input type="radio"/>	No <input type="radio"/>	