

**Community Bank of Raymore
Business Online Authorization Form**

DRAFT

CLIENT NAME: Western Cass Fire Protection District Date: April 6, 2022

Account Number(s) All

The following persons are hereby authorized to act as Authorized Users for the acquisition and/or operation of indicated services provided by to Client pursuant to the Treasury Management Master Agreement, as amended from time to time, except as limited by this authorization. Additional Agreements for ACH Origination, Remote Deposit Capture, Positive Pay and Wire Transfers are required to utilize those areas of Online Banking.

Authorized User: _____	Please indicate Services for this User:	
Title <u>Treasurer</u> Birthdate _____	<input checked="" type="checkbox"/> Inquiry	<input checked="" type="checkbox"/> Transfers
Phone Number _____	<input checked="" type="checkbox"/> Bill Pay	<input checked="" type="checkbox"/> Positive Pay*
Email _____	<input type="checkbox"/> Loans	<input checked="" type="checkbox"/> Remote Deposit*
Username _____	<input checked="" type="checkbox"/> ACH Origination*	<input checked="" type="checkbox"/> Wire Transfer*
Signature _____	<input checked="" type="checkbox"/> ACH Approval*	<input checked="" type="checkbox"/> Wire Transfer Approval*
	<input checked="" type="checkbox"/> ACH Initiate file*	<input checked="" type="checkbox"/> Wire Transfer Initiate File*

Authorized User: _____	Please indicate Services for this User:	
Title <u>All Directors</u> Birthdate _____	<input checked="" type="checkbox"/> Inquiry	<input type="checkbox"/> Transfers
Phone Number _____	<input checked="" type="checkbox"/> Bill Pay	<input type="checkbox"/> Positive Pay*
Email _____	<input type="checkbox"/> Loans	<input type="checkbox"/> Remote Deposit*
Username _____	<input checked="" type="checkbox"/> ACH Origination*	<input type="checkbox"/> Wire Transfer*
Signature _____	<input checked="" type="checkbox"/> ACH Approval*	<input type="checkbox"/> Wire Transfer Approval*
	<input checked="" type="checkbox"/> ACH Initiate file*	<input type="checkbox"/> Wire Transfer Initiate File*

Authorized User: CPA Inquiry Only

Client Authorization:

By Signing below, you: (1) represent that you are authorized to act on behalf of the Client identified above; (2) acknowledge that you have read the Master Treasury Agreement and that Client agrees to the terms, addenda(s), agreements, related forms and fee information applicable to each of the services indicated above; and (3) appoint the individual(s) described above as the Authorized User(s).

Signature of Owner/Signer

ACH Origination Cutoff Time: 4:30 pm CST
Wire Origintaion Cutoff Time: 3:30 pm CST
Remote Deposit Cutoff Time: 4:30 pm CST

Print Name of Owner/Signer

*These services require a separate Agreements with established limits which can be different for each User. These services have to be applied for and accepted before being utilized through the Online Banking Service.

Internal Use Only

Client Number _____ Bank Associate _____ Date Completed _____