

**VILLAGE OF VERNON HILLS
RESOLUTION 2023-015**

**A RESOLUTION AUTHORIZING AND APPROVING THE EXECUTION OF A
DEPOSIT ACCOUNT RESOLUTION OF AUTHORITY BETWEEN THE VILLAGE OF
VERNON HILLS AND FIRST AMERICAN BANK**

WHEREAS, the President and Board of Trustees of the Village of Vernon Hills, Illinois (the "Village") desire to add Thomas Lyons, Finance Director/Treasurer as an authorized signer on the Village's First American Bank accounts by entering into a Deposit Account Resolution of Authority with the terms set forth in the attached "DEPOSIT ACCOUNT RESOLUTION OF AUTHORITY" (the "Resolution"), a copy of which is attached hereto as Exhibit "A" and made a part hereof; and

WHEREAS, the Village of Vernon Hills, currently uses First American Bank as its main depository banking relationship.

NOW, THEREFORE, BE IT RESOLVED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF VERNON HILLS, LAKE COUNTY, ILLINOIS, AS FOLLOWS:

SECTION 1: The President and Board of Trustees of the Village Vernon Hills approves the Deposit Account Resolution of Authority between the Village of Vernon Hills and First American Bank, a copy of which is attached hereto as Exhibit "A" and made a part hereof.

SECTION 2: This Resolution shall be in full force and effect from and after its adoption and approval as provided by law.

ADOPTED by call vote as follows:

AYES: 5 – Schenk, Oppenheim, Forster, Byrne, Marquardt

NAYS: 0 - None

ABSENT AND NOT VOTING: 2 – Koch, Takaoka

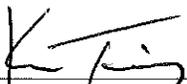


Roger L. Byrne, Village President

PASSED: 04/18/2023

APPROVED: 04/18/2023

ATTEST: 04/18/2023



Kevin Timony, Village Clerk



Exhibit "A"

**"DEPOSIT ACCOUNT RESOLUTION OF AUTHORITY"
(attached)**

STATE OF ILLINOIS)
) SS
COUNTY OF LAKE)

CLERK'S CERTIFICATE

I, Kevin Timony, Clerk of the Village of Vernon Hills, in the County of Lake and State of Illinois, certify that the attached document is a true and correct copy of that certain Resolution now on file in my Office, entitled:

"A RESOLUTION AUTHORIZING AND APPROVING THE EXECUTION OF A DEPOSIT ACCOUNT RESOLUTION OF AUTHORITY BETWEEN THE VILLAGE OF VERNON HILLS AND FIRST AMERICAN BANK"

which Resolution was passed by the Board of Trustees of the Village of Vernon Hills at a Regular Village Board Meeting on the 18th day of April, 2023, at which meeting a quorum was present, and approved by the President of the Village of Vernon Hills on the 18th day of April, 2023.

I further certify that the vote on the question of the passage of said Resolution by the Board of Trustees of the Village of Vernon Hills was taken by Ayes and Nays and recorded in the minutes of the Board of Trustees of the Village of Vernon Hills, and that the result of said vote was as follows, to-wit:

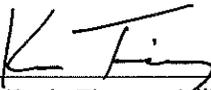
AYES: Schenk, Oppenheim, Forster, Byrne, Marquardt

NAYS: None

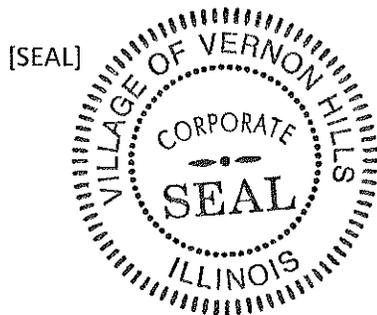
ABSENT: Koch, Takaoka

I do further certify that the original Resolution, of which the foregoing is a true copy, is entrusted to my care for safekeeping, and that I am the lawful keeper of the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Village of Vernon Hills, this 18th day of April, 2023.



Kevin Timony, Village Clerk



DEPOSIT ACCOUNT RESOLUTION OF AUTHORITY

Company Name and Address: VILLAGE OF VERNON HILLS
(the "Company") 290 EVERGREEN DR
VERNON HILLS IL 60061-2904

Federal Tax ID Number: [REDACTED] 9307

I/We, the undersigned, do hereby represent and warrant to First American Bank (the "Bank"), that the resolutions in this document are a correct copy of the resolutions adopted at a meeting of the Company duly and properly called and held. These resolutions appear in the official records of the Company, have not been rescinded or modified, and are now in full force and effect.

Authorized Signers. The below listed individuals have been designated as Authorized Signers of the Company:

Name & Title:

- | | |
|--|--|
| 1. ROGER BYRNE, VILLAGE PRESIDENT | 2. KEVIN TIMONY, VILLAGE MGR/CLERK |
| 3. JONATHAN PETRILLO, ASSISTANT
VILLAGE MANAGER | 4. THOMAS LYONS, FINANCE
DIRECTOR/TREASURER |
| 5. Click or tap here to enter text. | 6. Click or tap here to enter text. |

Powers Granted to Authorized Signers. The above listed Authorized Signers may exercise all powers granted below. In the event multiple Authorized Signers have been appointed, each Authorized Signer may act independently in providing direction on behalf of the Company.

- (1) Open or close a deposit account in the name of the Company;
- (2) Deposit funds to or withdraw/transfer funds from a deposit account in the name of the Company;
- (3) Contract for and access deposit account services in the name of the Company, including, but not limited to, online and mobile banking, automated clearing house transfers, wire transfers, bill pay, remote deposit capture, positive pay, debit card and lockbox;
- (4) Contract for and access overdraft lines of credit in the name of the Company;
- (5) Enter or terminate a written lease for the purpose of maintaining a safe deposit box in the name of the Company.

Resolutions. The Company resolves the following:

- (1) The Bank is designated as an authorized financial institution for the Company for the purposes of providing depository and other financial services as outlined in this resolution.
- (2) The signature of an Authorized Signer on this resolution is conclusive evidence of their authority to act on behalf of the Company. Authorized signers may, from time to time, enter into additional contracts and agreements with Bank in the name of the Company as they deem advisable for the effective exercise of the powers provided by this resolution.
- (3) The Company agrees to the terms and conditions of the Bank's Account Agreement, and the terms and conditions of all associated rules, regulations, and service agreements. The Company agrees to pay the Bank any account/service-related fees assessed on any deposit account in the name of the Company opened by an Authorized Signer.



Authorization to Change Signer(s) on a Business Account

Business Name: VILLAGE OF VERNON HILLS Business Tax ID: xx-xxx9307

Account Number(s): ██████ 5201 ██████ 5203 ██████ 5204 ██████ 5205
██████ 5215

Requested Change: ADD / REMOVE SIGNER(S)

Reason for Change:

- Business ownership change
- Employee change
- Board Election

Type of Business

- Sole Proprietor
- Corporation or LLC
- Not for Profit
- Association
- Partnership

Signer(s) to be added:

THOMAS J LYONS

Signer(s) to be removed:

LORA A FLORI

MICHAEL ATKINSON

Date: April 04, 2023

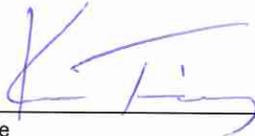
Change Authorized by: ROGER L BYRNE

Secretary / Secondary approval (if applicable): KEVIN TIMONY

Title: VILLAGE PRESIDENT

Title: VILLAGE CLERK

Signature 

Signature 

ADDENDUM TO DEPOSIT ACCOUNT RESOLUTION OF AUTHORITY

Company Name and Address: VILLAGE OF VERNON HILLS
(the "Company") 290 EVERGREEN DR
VERNON HILLS IL 60061-2904

Federal Tax ID Number: [REDACTED] 9307

I/We, the undersigned, do hereby represent and warrant to First American Bank (the "Bank"), that the Company has duly and properly adopted limitations to the authority granted to each Authorized Signer listed in the attached Deposit Account Resolution of Authority.

Authorized Signer Limitations. The below listed individuals may exercise their powers as Authorized Signer on the following deposit accounts only:

<u>Name & Title:</u>	<u>Deposit Account Number(s):</u>
1. KATHY ZERILLO, PROGRAM COORDINATOR	[REDACTED] 5204
2. Click or tap here to enter text.	Click or tap here to enter text.
3. Click or tap here to enter text.	Click or tap here to enter text.

In witness whereof, I/We have subscribed my/our name(s) and affixed the Company's seal (if applicable) on the date listed below.

Previous Addendums. This addendum replaces and supersedes any addendum previously delivered to the Bank.

Authorized Company Representative:

Authorized Company Representative (if applicable):

Roger L Byrne
Signature

Signature

Roger L. Byrne
Printed Name

Printed Name

Village President
Title

Title

4/19/23
Date

Date

- (4) The Company acknowledges and agrees that the Bank may rely on alternative signatures and verification codes/processes issued to or obtained from the Authorized Signers.
- (5) This resolution shall remain in full force and effect until the Bank receives and records express written notice of its replacement or rescission. The Bank may set reasonable standards for documentation that must accompany a request for replacement or rescission of this resolution.

Previous Resolutions. This resolution replaces and supersedes any resolution previously delivered to the Bank.

Certification of Authority. I/We further certify that, at the time of adoption of this resolution, the Company has full power and authority to adopt the resolutions stated above to confer the powers granted to the above-named Authorized Signers who have full power and authority to exercise same.

In witness whereof, I/We have subscribed my/our name(s) and affixed the Company's seal (if applicable) on the date listed below.

Authorized Company Representative:

Authorized Company Representative (if applicable):

Roger L. Byrne
Signature

Signature

Roger L. Byrne
Printed Name

Printed Name

Village President
Title

Title

4/19/23
Date

Date

ACCOUNT AGREEMENT

FIRST AMERICAN BANK
 FIRST AMERICAN BANK - VERNON HILLS
 701 N MILWAUKEE AVE
 VERNON HILLS, IL 60061-0000

Agreement Date: 04/04/2023 By: M RETANAORTIZ
 EXISTING Account - This agreement replaces previous agreement(s).
Account Description: PUBLIC FUNDS PREM MM

Checking Savings NOW Money Market
 Initial Deposit \$ _____ Source: _____

Ownership of Account - CONSUMER Purpose

Individual _____
 Joint - With Survivorship *(and not as tenants in common)*
 Joint - No Survivorship *(as tenants in common)*
 Trust - Separate Agreement:

Revocable Trust or Pay-on-Death Designation
 as Defined in this Agreement
 (Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

Sole Proprietorship Single-Member LLC Partnership
 LLC *(LLC tax classification: C Corp S Corp Partnership)*
 C Corporation S Corporation Non-Profit
 Corporations - Agent for Public Funds
 Business: MUNICIPALITY

Backup Withholding Certifications *(Non-"U.S. Persons" - Use separate Form W-8)*

By signing at right, I, VILLAGE OF VERNON HILLS,
 certify under penalties of perjury that the statements made in this section are true.

TIN: 9307 The Taxpayer Identification
 Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. 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.

Exempt Recipient. I am an exempt recipient under the Internal Revenue
 Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am
 exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined
 in the instructions).

Account Number: 6215

Account Owner(s) Name & Address
 VILLAGE OF VERNON HILLS
 290 EVERGREEN DR
 VERNON HILLS, IL 60061-2904

Additional Information:

Signature(s). The undersigned certifies the accuracy of the information he/she has
 provided and acknowledges receipt of a completed copy of this form. The undersigned
 authorizes the financial institution to verify credit and employment history and/or have
 a credit reporting agency prepare a credit report on the undersigned, as individuals.
 The undersigned also acknowledge the receipt of a copy and agree to the terms of the
 following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
- Electronic Fund Transfers Privacy Substitute Checks
- Common Features Business Master Addendum

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

(1): 
 KEVIN M TIMONY
 I.D. # XXX-XX-9210 D.O.B. _____

(2): 
 ROGER L BYRNE
 I.D. # XXX-XX-8302 D.O.B. _____

(3): 
 JONATHAN EARROL PETRILLO
 I.D. # XXX-XX-9138 D.O.B. _____

(4): 
 THOMAS J LYONS
 I.D. # XXX-XX-1254 D.O.B. _____

Authorized Signer (Individual Accounts Only)

I.D. # _____ D.O.B. _____

ACCOUNT AGREEMENT

FIRST AMERICAN BANK
 FIRST AMERICAN BANK - VERNON HILLS
 701 N MILWAUKEE AVE
 VERNON HILLS, IL 60061-0000

Account Number: [REDACTED] 5205

Account Owner(s) Name & Address
 VILLAGE OF VERNON HILLS
 290 EVERGREEN DR
 VERNON HILLS, IL 60061-2904

Agreement Date: 04/04/2023 By: M RETANAORTIZ

EXISTING Account - This agreement replaces previous agreement(s).

Account Description: COM NOW PUBLIC FUNDS

Checking Savings NOW _____
 Initial Deposit \$ _____ Source: _____

Ownership of Account - CONSUMER Purpose

- Individual _____
- Joint - With Survivorship (and not as tenants in common)
- Joint - No Survivorship (as tenants in common)
- Trust - Separate Agreement:

Revocable Trust or Pay-on-Death Designation
 as Defined in this Agreement

(Name and Address of Beneficiaries):

Additional Information:

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
- Electronic Fund Transfers Privacy Substitute Checks
- Common Features Business Master Addendum

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Ownership of Account - BUSINESS Purpose

- Sole Proprietorship Single-Member LLC Partnership
- LLC (LLC tax classification: C Corp S Corp Partnership)
- C Corporation S Corporation Non-Profit
- Corporations - Agent for Public Funds

Business: MUNICIPALITY

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-8)

By signing at right, I, VILLAGE OF VERNON HILLS, certify under penalties of perjury that the statements made in this section are true.

TIN [REDACTED] 9307 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. 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.

Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

(1): ]
 ROGER L BYRNE

I.D. # XXX-XX-8302 D.O.B. [REDACTED]

(2): ]
 KEVIN M TIMONY

I.D. # XXX-XX-9210 D.O.B. [REDACTED]

(3): ]
 JONATHAN EARROL PETRILLO

I.D. # XXX-XX-9138 D.O.B. [REDACTED]

(4): ]
 THOMAS J LYONS

I.D. # XXX-XX-1254 D.O.B. [REDACTED]

Authorized Signer (Individual Accounts Only)

_____]

I.D. # _____ D.O.B. _____

ACCOUNT AGREEMENT

FIRST AMERICAN BANK
 FIRST AMERICAN BANK - VERNON HILLS
 701 N MILWAUKEE AVE
 VERNON HILLS, IL 60061-0000

Account Number: [REDACTED] 5204

Account Owner(s) Name & Address
 VILLAGE OF VERNON HILLS
 290 EVERGREEN DR
 VERNON HILLS, IL 60061-2904

Agreement Date: 04/04/2023 By: M RETANAORTIZ
 EXISTING Account - This agreement replaces previous agreement(s).
Account Description: COM NOW PUBLIC FUNDS

Checking Savings NOW _____
 Initial Deposit \$ _____ Source: _____

Ownership of Account - CONSUMER Purpose

Individual _____
 Joint - With Survivorship (and not as tenants in common)
 Joint - No Survivorship (as tenants in common)
 Trust - Separate Agreement:

Revocable Trust or Pay-on-Death Designation
 as Defined in this Agreement
 (Name and Address of Beneficiaries):

Additional Information:

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- Terms & Conditions Truth in Savings Funds Availability
 Electronic Fund Transfers Privacy Substitute Checks
 Common Features Business Master Addendum

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

Ownership of Account - BUSINESS Purpose

Sole Proprietorship Single-Member LLC Partnership
 LLC (LLC tax classification: C Corp S Corp Partnership)
 C Corporation S Corporation Non-Profit
 Corporations - Agent for Public Funds
 Business: MUNICIPALITY

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-8)

By signing at right, I, VILLAGE OF VERNON HILLS, certify under penalties of perjury that the statements made in this section are true.

TIN [REDACTED] 9307 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. 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.

Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

(1): [_____]
 KATHY ZERILLO
 I.D. # _____ D.O.B. [REDACTED]

(2): []
 ROGER L BYRNE
 I.D. # XXX-XX-8302 D.O.B. [REDACTED]

(3): []
 KEVIN M TIMONY
 I.D. # XXX-XX-9210 D.O.B. [REDACTED]

(4): []
 JONATHAN EARROL PETRILLO
 I.D. # XXX-XX-9138 D.O.B. [REDACTED]

Authorized Signer (Individual Accounts Only)

[_____]
 I.D. # _____ D.O.B. _____

ACCOUNT AGREEMENT

FIRST AMERICAN BANK
 FIRST AMERICAN BANK - VERNON HILLS
 701 N MILWAUKEE AVE
 VERNON HILLS, IL 60061-0000

Account Number: [REDACTED] 6204

Account Owner(s) Name & Address
 VILLAGE OF VERNON HILLS
 290 EVERGREEN DR
 VERNON HILLS, IL 60061-2904

Agreement Date: 04/04/2023 By: M RETANAORTIZ

EXISTING Account - This agreement replaces previous agreement(s).

Account Description: COM NOW PUBLIC FUNDS

Checking Savings NOW _____
 Initial Deposit \$ _____ Source: _____

Ownership of Account - CONSUMER Purpose

Individual _____
 Joint - With Survivorship (*and not as tenants in common*)
 Joint - No Survivorship (*as tenants in common*)
 Trust - Separate Agreement:

Revocable Trust or Pay-on-Death Designation
 as Defined in this Agreement
 (Name and Address of Beneficiaries):

Additional Information:

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

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 Common Features Business Master Addendum

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Ownership of Account - BUSINESS Purpose

Sole Proprietorship Single-Member LLC Partnership
 LLC (*LLC tax classification: C Corp S Corp Partnership*)
 C Corporation S Corporation Non-Profit
 Corporations - Agent for Public Funds
 Business: MUNICIPALITY

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-8)

By signing at right, I, VILLAGE OF VERNON HILLS, certify under penalties of perjury that the statements made in this section are true.

TIN: [REDACTED] 9307 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. 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.

Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

(1): ]
 THOMAS J LYONS

I.D. # XXX-XX-1254 D.O.B. [REDACTED]

(2):]

I.D. # _____ D.O.B. _____

(3):]

I.D. # _____ D.O.B. _____

(4):]

I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

]

I.D. # _____ D.O.B. _____

ACCOUNT AGREEMENT

FIRST AMERICAN BANK
 FIRST AMERICAN BANK - VERNON HILLS
 701 N MILWAUKEE AVE
 VERNON HILLS, IL 60061-0000

Agreement Date: 04/04/2023 By: M RETANAORTIZ

EXISTING Account - This agreement replaces previous agreement(s).

Account Description: COM NOW PUBLIC FUNDS

Checking Savings NOW _____
 Initial Deposit \$ _____ Source: _____

Ownership of Account - CONSUMER Purpose

Individual _____
 Joint - With Survivorship *(and not as tenants in common)*
 Joint - No Survivorship *(as tenants in common)*
 Trust - Separate Agreement:

Revocable Trust or Pay-on-Death Designation
 as Defined in this Agreement
 (Name and Address of Beneficiaries):

Ownership of Account - BUSINESS Purpose

Sole Proprietorship Single-Member LLC Partnership
 LLC *(LLC tax classification: C Corp S Corp Partnership)*
 C Corporation S Corporation Non-Profit
 Corporations - Agent for Public Funds
 Business: MUNICIPALITY

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-8)

By signing at right, I, VILLAGE OF VERNON HILLS, certify under penalties of perjury that the statements made in this section are true.

TIN: 9307 The Taxpayer Identification Number (TIN) is the correct taxpayer identification number.

Not Subject to Backup Withholding. 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.

Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

Account Number: 5203

Account Owner(s) Name & Address
 VILLAGE OF VERNON HILLS
 290 EVERGREEN DR
 VERNON HILLS, IL 60061-2904

Additional Information:

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

Terms & Conditions Truth in Savings Funds Availability
 Electronic Fund Transfers Privacy Substitute Checks
 Common Features Business Master Addendum

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

(1): 
 ROGER L BYRNE
 I.D. # XXX-XX-8302 D.O.B. _____

(2): 
 KEVIN M TIMONY
 I.D. # XXX-XX-9210 D.O.B. _____

(3): 
 JONATHAN EARROL PETRILLO
 I.D. # XXX-XX-9138 D.O.B. _____

(4): 
 THOMAS J LYONS
 I.D. # XXX-XX-1254 D.O.B. _____

Authorized Signer (Individual Accounts Only)

I.D. # _____ D.O.B. _____

ACCOUNT AGREEMENT

FIRST AMERICAN BANK
 FIRST AMERICAN BANK - VERNON HILLS
 701 N MILWAUKEE AVE
 VERNON HILLS, IL 60061-0000

Account Number: [REDACTED] 5201

Account Owner(s) Name & Address
 VILLAGE OF VERNON HILLS
 290 EVERGREEN DR
 VERNON HILLS, IL 60061-2904

Agreement Date: 04/04/2023 By: M RETANAORTIZ

EXISTING Account - This agreement replaces previous agreement(s).

Account Description: COM NOW PUBLIC FUNDS

Checking Savings NOW _____

Initial Deposit \$ _____ Source: _____

Ownership of Account - CONSUMER Purpose

Individual _____

Joint - With Survivorship *(and not as tenants in common)*

Joint - No Survivorship *(as tenants in common)*

Trust - Separate Agreement:

Revocable Trust or Pay-on-Death Designation
 as Defined in this Agreement
 (Name and Address of Beneficiaries):

Additional Information:

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

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 Common Features Business Master Addendum

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Ownership of Account - BUSINESS Purpose

Sole Proprietorship Single-Member LLC Partnership

LLC *(LLC tax classification: C Corp S Corp Partnership)*

C Corporation S Corporation Non-Profit

Corporations - Agent for Public Funds

Business: MUNICIPALITY

Backup Withholding Certifications *(Non-"U.S. Persons" - Use separate Form W-8)*

By signing at right, I, VILLAGE OF VERNON HILLS, certify under penalties of perjury that the statements made in this section are true.

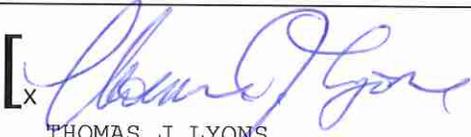
TIN: [REDACTED] 9307 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

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Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any) _____

FATCA Code. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

U.S. Person. I am a U.S. citizen or other U.S. person (as defined in the instructions).

(1): 
 THOMAS J LYONS

I.D. # XXX-XX-1254 D.O.B. [REDACTED]

(2): 
 ROGER L BYRNE

I.D. # XXX-XX-8302 D.O.B. [REDACTED]

(3): 
 KEVIN M TIMONY

I.D. # XXX-XX-9210 D.O.B. [REDACTED]

(4): 
 JONATHAN EARROL PETRILLO

I.D. # XXX-XX-9138 D.O.B. [REDACTED]

Authorized Signer (Individual Accounts Only)

I.D. # _____ D.O.B. _____