



# Authorization Certificate

## Deposit Accounts and Treasury Management Services

The undersigned hereby certifies to Wells Fargo Bank, National Association (Bank) that:

1. \_\_\_\_\_  
 (Account holder's complete legal entity/company name), a  
**Municipal Government**  
 \_\_\_\_\_  
 (description of Account holder's business entity type)  
 ("Customer"), has authorized the undersigned to make the certifications in this Certificate on Customer's behalf.

2. 

Name	Title	Country of permanent residence	Business phone number	Business email address

\_\_\_\_\_ is referred to in this Certificate as an "Authorized Representative" with full authority, acting alone, to:

- a) enter into those agreement(s) that Bank requires regarding opening, operating, and closing deposit accounts for Customer at Bank (each, an Account) and enrolling in, using, and terminating Bank services including Bank's non-deposit sweep services used in connection with the Account(s) (each, a Service);
- b) authorize transactions of all types on the Accounts and instruct Bank regarding Accounts and Services; and
- c) designate individuals as additional Authorized Representatives.

3. This Certificate reflects actions duly taken by Customer in accordance with its governing documents. It shall continue in effect until Bank has received and had a reasonable time to act on Customer's written notice revoking it, which shall be effective only as to actions which are taken by Customer thereafter. Actions authorized in this Certificate but performed prior to its execution are approved and ratified.

**Certified to:**

By/Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Tax Identification Number of Customer: \_\_\_\_\_  
(TIN of the Account holder as assigned by the IRS)