

**SCHEDULE C
TREASURY MANAGEMENT ENROLLMENT FORM**

***To be completed by an Authorized Signer as resolved in Schedule B of the Treasury Management Services Agreement**

TREASURY MANAGEMENT COMPANY INFORMATION:			
Company/Company Name:	HIDALGO COUNTY COMMUNITY SERVICE AGENCY		
Address:	2524 N CLOSER BLVD		
City:	EDINBURG	State:	TX
Phone:	956-383-6240	Zip:	78539
Email:	GUILLERMO.PALACIOS@CO.HIDALGO.TX.US		
(Bank Use Only)			
CIF:	HAA3780	NETTELLER#:	912600099529

ACCOUNT NUMBERS			
A	1012733182	F	
B	1012733208	G	
C		H	
D		I	
E		J	
		K	
		L	
		M	
		N	
		O	
		P	
		Q	
		R	
		S	
		T	

Authorized Representative(s) & Email Address	Allow Account(s) from list above	Account Transfer	Account View	*ACH Orig.	*Wire Transfer	*Positive Pay	ACH Positive Pay	View Elec. Docs	Bill Pay	Stop Payment
				*Will require additional schedule						
Sample Name(s) abc12@aol.com	Example: A & S	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name: CECILIA CARRILLO	A-B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Email:										
Name: GUILLERMO PALACIOS	A-B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Email:										
Name: AMADOR CELEDON	A-B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Email:										
Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE of SYSTEM ADMINISTRATOR (as resolved in Schedule B of the Treasury Management Service Agreement):
By signing below, I hereby authorize LONE STAR NATIONAL BANK to issue a Treasury Management Single Sign On registration for users listed above.

ASR
 *Authorize (Acct) Signer (SIGNATURE)

4/12/2021
 DATE

ACCOUNT AGREEMENT

Lone Star National Bank
 Edinburg Branch
 117 South 10th St
 Edinburg, TX 78539-0000

Account Number: 1012733182

Account Owner(s) Name & Address

HIDALGO COUNTY COMMUNITY SERVICE AGENCY
 RENT RELIEF PROGRAM
 2524 N CLOSNER BLVD
 EDINBURG, TX 78539

Agreement Date: 04/06/2021 By: M Lara

- EXISTING Account - This agreement replaces previous agreement(s).
 This is a Temporary account agreement.

Account Description: NOW PF Hidalgo County

Checking Savings NOW _____
 Initial Deposit \$ 100.00 Source: Other

Ownership of Account - CONSUMER Purpose

The types of accounts provided by Texas law have been disclosed on the separate Single-Party or Multiple-Party Account Selection Form Notice (Selection Form Notice), on which the undersigned have initialed to designate the ownership type selected. The undersigned acknowledge(s) receipt of a copy of the completed Selection Form Notice.

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
 Public Funds

Business: HIDALGO COUNTY CSA, PUBLIC FUNDS

Additional Information:


- (1) 460-43-0356
 (2) 454-66-0968

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 Schedule of FEES/USA PATR

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): [X] ]
 JAIME RENE LONGORIA
 I.D. # 09632090 D.O.B. 06/25/1963

(2): [X] ]
 RICARDO FELIPE CORTEZ
 I.D. # 04917698 D.O.B. 11/10/1943

(3): [X]]
 I.D. # _____ D.O.B. _____

(4): [X]]
 I.D. # _____ D.O.B. _____

The person(s) named below are Convenience Signers only (not owners)
 [X]]

I.D. # _____ Other _____

[X]]

I.D. # _____ Other _____

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-9)

By signing at right, I, HIDALGO COUNTY COMMUNITY SE, certify under penalties of perjury that the statements made in this section are true.

TIN: 74-2234352 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 AGREEMENT

Lone Star National Bank
Edinburg Branch
117 South 10th St
Edinburg, TX 78539-0000

Agreement Date: 04/06/2021 By: M Lara

- EXISTING Account - This agreement replaces previous agreement(s).
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Account Description: NOW PF Hidalgo County

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 C Corporation S Corporation Non-Profit
 Public Funds

Business: HIDALGO COUNTY CSA, PUBLIC FUNDS

Additional Information:

- (1) 460-43-0356
(2) 454-66-0968

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

By signing at right, I, HIDALGO COUNTY COMMUNITY SE, certify under penalties of perjury that the statements made in this section are true.

TIN: 74-2234352 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: 1012733208

Account Owner(s) Name & Address

HIDALGO COUNTY COMMUNITY SERVICE AGENCY
ERAP PROGRAM
2524 N CLOSNER BLVD
EDINBURG, TX 78539

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 Schedule of FEES/USA PATR

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): As RJJ

JAIME RENE LONGORIA

I.D. # 09632090 D.O.B. 06/25/1963

(2): Ricardo F Cortez

RICARDO FELIPE CORTEZ

I.D. # 04917698 D.O.B. 11/10/1943

(3): _____

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

(4): _____

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

The person(s) named below are Convenience Signers only (not owners)

I.D. # _____ Other _____

I.D. # _____ Other _____