



## AUTHORIZATION TO OBTAIN TREASURY MANAGEMENT SERVICES

Customer Name COUNTY OF EL PASO, TEXAS

Tax Identification Number 74-6000762

Address 800 E OVERLAND RM 406

City, State Zip EL PASO TX 79901

Phone Number 915 546-2600

Any capitalized terms not defined herein shall have the meaning ascribed to them in the Treasury Management Services - Procedures, Terms and Conditions.

### Authorization to Act for Customer

Each of the undersigned is an officer, owner, principal, member, manager, general partner or other authorized individual of the Customer and warrants that the Customer and Related Entities (as defined in Section 22 of the General Provisions of the Treasury Management Services - Procedures, Terms and Conditions) as listed in the Treasury Management Services Agreement, or any duly executed amendment or attachment thereto, have taken all action required by their governing documents to authorize each of the undersigned to act as a Contracting Executive to:

- A. Execute the Treasury Management Services Agreement;
- B. Accept on behalf of the Customer and Related Entities the terms and conditions governing the use of such Services, including acceptance of Security Procedures;
- C. Enroll the Customer and Related Entities in any Treasury Management Service through the execution of a Treasury Management Services Request and appointment of Service Setup Administrator(s) (as that term is defined in Section 5(d) of the General Provisions of the Treasury Management Services Procedures, Terms and Conditions);
- D. Enroll the Customer and Related Entities in Treasury Management Services for cash management sweep products through execution of any required Master Repurchase Agreement or Sweep Agreement.
- E. Appoint and remove Services Manager(s) (as that term is defined in Section 5(d) of the General Provisions of the Treasury Management Services Procedures, Terms and Conditions).

This authorization shall be binding and the authority shall remain in force until written notice of the revocation or modification of authorization is delivered to the Bank. **This authorization replaces any and all previous resolutions or authorizations.**

**Contracting Executive(s):**

Name: Ricardo A. Samaniego  
Title: County Judge  
Business Address: 800 E OVERLAND RM 406 EL PASO TX 79901  
Telephone Number: 915-546-2098  
E-mail Address: CountyJudge@epcounty.com

**Signature:** \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Certification**

The undersigned represents and warrants to the Bank on behalf of the Customer and the Related Entities that the signatures appearing above are the true and authentic signatures of the Contracting Executive(s) (as that term is defined in Section 5(d) of the General Provisions of the Treasury Management Services Procedures, Terms and Conditions) and further certifies that the Customer and Related Entities have taken all action required by their governing documents to appoint the Contracting Executive(s) to act on behalf of the Customer and Related Entities and that the undersigned has full authority to execute this Agreement.

Note: For a corporation, must be signed by the secretary or assistant secretary. For a partnership, limited partnership, limited liability partnership, limited liability company or association, one of the general partners or members must sign. For trusts, the trustee, agent or account signer must sign. For a government institution, an authorized signer must sign. Sole proprietors are not required to complete this certification.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

Name: Ricardo A. Samaniego  
Title: County Judge  
E-Mail Address: CountyJudge@epcounty.com

**Delegation of Authority (optional)**

By signing below, you authorize each person listed below to be a Services Manager with the authority to:

- A. Enroll the Customer in any Treasury Management Service through the execution of a Treasury Management Services Request and appointment of Service Setup Administrator(s) or User Setup Administrator(s) (as those terms are defined in Section 5(d) of the General Provisions of the Treasury Management Services - Procedures, Terms and Conditions);
- B. Appoint and remove authorized User(s) (as that term is defined in Section 5(d) of the General Provisions of the Treasury Management Services Procedure, Terms and Conditions) to perform authorized transactions under the Agreement and any applicable Treasury Management Services Request;
- C. To perform any transactions pursuant to the Agreement and Treasury Management Services Request.

The Services Manager(s) listed below do not have the authority to execute the Treasury Management Services Agreement or appoint or remove any Services Manager(s).

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Signature:** \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Signature:** \_\_\_\_\_

This delegation shall be binding and the authority shall remain in force until written notice of any revocation or modification is delivered to the Bank.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Contracting Executive listed on previous page**

\_\_\_\_\_  
Name (Print)



## Treasury Management Services Request – Service Setup Administrator

**Customer Name:** COUNTY OF EL PASO, TEXAS

**Tax ID** 74-6000762

### Product

- |   |  |  |   |  |
|---|--|--|---|--|
| <input type="checkbox"/> Account Reconciliation         | <input type="checkbox"/> ACH Origination | <input type="checkbox"/> Commercial Bill Pay                 | <input checked="" type="checkbox"/> Commercial Internet Banking |  |
| <input type="checkbox"/> Controlled Disbursement        | <input type="checkbox"/> Data Exchange   | <input type="checkbox"/> Image Archive                       | <input type="checkbox"/> Integrated Payables                    |  |
| Fraud Prevention: <input type="checkbox"/> Positive Pay | <input type="checkbox"/> ACH Blocking    | <input checked="" type="checkbox"/> ACH Blocking with Review | <input type="checkbox"/> ACH Filtering                          | <input type="checkbox"/> ACH Filtering with Review |
| <input type="checkbox"/> Lockbox, Wholesale             | <input type="checkbox"/> Lockbox, Retail | <input checked="" type="checkbox"/> Online Wire Transfers    | <input type="checkbox"/> Global Trade Services                  |  |
| <input type="checkbox"/> Remote Deposit Capture         | <input type="checkbox"/> RPPS            | <input type="checkbox"/> Zero Balance Accounting             |   |  |
| Special reporting by Data Transmission:                 | <input type="checkbox"/> BAI2 file       | <input type="checkbox"/> F EDI file                          |   |  |

### Service Setup Administrator:

<b>Name</b>	<b>Phone Number</b>	<b>After-Hours Number</b>	<b>Email address</b>
<u>Raymond Gomez</u>	<u>915-546-2000 ext 3488</u>	<u></u>	<u>rgomez@epcounty.com</u>

By checking the box next to a particular Service or Services, I hereby authorize Frost Bank to provide such Service(s). I also represent that I have conveyed the name and contact information of the appropriate Service Setup Administrator who shall provide Frost Bank with all the relevant information necessary to set up the Service(s). I further acknowledge that Frost Bank will establish the Service(s) based on the information provided over the phone or in writing by the Service Setup Administrator.

**Date**

**Signature of Contracting Executive or Services Manager from Authorization Form**

Ricardo A. Samaniego

**Name (Print)**