



Master Services Agreement 1

Contract Signer(s) Change

Customer Information

Customer Name: CITY OF COLUMBIA MISSOURI

Contract Signer Changes Related to the
Original MSA Dated: 09/04/2013

Tax Identification Number on Current MSA _____

The undersigned Contract Signer certifies that, based on his or her review of Customer's books and records, Customer has full power and lawful authority to make this change to the Contract Signer(s) and to confer the powers herein granted to the persons named, and that the undersigned Contract Signer has full power and authority to exercise the same.

The undersigned Contract Signer further certifies that the newly appointed Contract Signers have been duly elected to and now hold the offices of Customer set opposite their respective names, and the signatures appearing opposite their names are the authentic, official signatures of the said Contract Signer.

Add Contract Signer (s)

Print Contract Signer Name	Print Contract Signer Title	Contract Signer Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Delete Contract Signer (s)

Delete Contract Signer Name: _____

Existing Contract Signer(s) other than those new Contract Signers listed above (list name(s) only, no specimen signatures are needed)

Contract Signer Signature _____

Date:

Print Name:

Print Title:

CTN:

For Internal Use Only:			
Review _____	Validation Method _____	TL Review _____	Imaged _____



Appendix B-1

Change in Authorized Treasury Management Signer(s)

Customer Information

Customer Name: CITY OF COLUMBIA MISSOURI

Tax Identification Number:

Authorized Treasury Management Signers:

Add Authorized Treasury Management Signer(s):

Name	Title	Specimen Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Delete Authorized Treasury Management Signer(s) (list name(s) only):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Existing Authorized Treasury Management Signer(s) other than those new Authorized Treasury Management signers listed above (list name(s) only, no specimen signatures are needed)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Contract Signer listed below further represents and warrants to the Bank that the signatures listed above are the true and authentic signatures of the Authorized Treasury Management Signer(s) and that Customer has taken all action required by its organizational documents to appoint the Authorized Treasury Management Signer(s). This Appendix B-1 becomes effective only after U.S. Bank receives and has time to modify its records to reflect the changes noted herein.

Contract Signer Signature: _____
 Print Name: _____

Print Title: _____
 Date: _____

For Internal Use Only:			
Authorized Signers are related to the Master Services Agreement dated: _____			
Review _____	Validation Method _____	TL Review _____	Imaged _____



Appendix A-1

New Account/Change in Authorized Account Signer(s)

Customer Information

Customer Name: CITY OF COLUMBIA, MISSOURI

New Account

Tax Identification Number: _____

Change in Authorized Account Signers

Account Information

Account Name	Account Number	Tax Identification Number
CITY OF COLUMBIA, MISSOURI PAYROLL ACCOUNT	_____	_____
CITY OF COLUMBIA, MISSOURI POOL ACCOUNT	_____	_____

Authorized Account Signers

Add Authorized Account Signer(s):

Name	Title	Specimen Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Delete Authorized Account Signer(s) (list name(s) only):

_____	_____	_____
_____	_____	_____

Existing Authorized Account Signer(s) other than those new Authorized Account Signers listed above (list name(s) only, no specimen signatures are needed)

_____	_____	_____
_____	_____	_____

The Signer listed below further represents and warrants to the Bank that (i) the signatures listed above are the true and authentic signatures of the additional Authorized Account Signer(s); (ii) that each Customer listed above has taken all action required by its respective organizational documents to appoint the additional Authorized Account Signer(s) and to delete any Existing Authorized Signer(s); and (iii) he/she is authorized to complete this Appendix A-1 for each Customer listed above.

Account Signer may execute this Appendix A-1 to add an account(s) for Customer if the Existing Authorized Signers remain the same. Otherwise, this Appendix A-1 must be executed by a Contract Signer. This Appendix A-1 becomes effective only after U.S. Bank receives and has time to modify its records to reflect the changes noted herein.

Signer Signature: _____

Print Title: _____

Print Name: _____

Date: _____

For Internal Use Only:

Authorized Signers are related to the Master Services Agreement dated: _____

Review _____ Validation Method _____ TL Review _____ Imaged _____



Appendix A-1

New Account/Change in Authorized Account Signer(s)

Customer Information

Customer Name: CITY OF COLUMBIA, MISSOURI

New Account

Tax Identification Number: _____

Change in Authorized Account Signers

Account Information

Account Name	Account Number	Tax Identification Number
<u>CITY OF COLUMBIA, MISSOURI CREDIT CARD ACCOUNT</u>	_____	_____
<u>CITY OF COLUMBIA, MISSOURI WEB/PHONE ACCOUNT</u>	_____	_____

Authorized Account Signers

Add Authorized Account Signer(s):

Name	Title	Specimen Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Delete Authorized Account Signer(s) (list name(s) only):

_____	_____	_____
_____	_____	_____

Existing Authorized Account Signer(s) other than those new Authorized Account Signers listed above (list name(s) only, no specimen signatures are needed)

_____	_____	_____
_____	_____	_____

The Signer listed below further represents and warrants to the Bank that (i) the signatures listed above are the true and authentic signatures of the additional Authorized Account Signer(s); (ii) that each Customer listed above has taken all action required by its respective organizational documents to appoint the additional Authorized Account Signer(s) and to delete any Existing Authorized Signer(s); and (iii) he/she is authorized to complete this Appendix A-1 for each Customer listed above.

Account Signer may execute this Appendix A-1 to add an account(s) for Customer if the Existing Authorized Signers remain the same. Otherwise, this Appendix A-1 must be executed by a Contract Signer. This Appendix A-1 becomes effective only after U.S. Bank receives and has time to modify its records to reflect the changes noted herein.

Signer Signature: _____

Print Title: _____

Print Name: _____

Date: _____

For Internal Use Only:

Authorized Signers are related to the Master Services Agreement dated: _____

Review _____ Validation Method _____ TL Review _____ Imaged _____



Appendix A-1

New Account/Change in Authorized Account Signer(s)

Customer Information

Customer Name: CITY OF COLUMBIA, MISSOURI

New Account

Tax Identification Number: _____

Change in Authorized Account Signers

Account Information

Account Name	Account Number	Tax Identification Number
CITY OF COLUMBIA, MISSOURI SELF INSURANCE ACCOUNT	_____	_____
_____	_____	_____

Authorized Account Signers

Add Authorized Account Signer(s):

Name	Title	Specimen Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Delete Authorized Account Signer(s) (list name(s) only):

_____	_____	_____
_____	_____	_____

Existing Authorized Account Signer(s) other than those new Authorized Account Signers listed above (list name(s) only, no specimen signatures are needed)

_____	_____	_____
_____	_____	_____

The Signer listed below further represents and warrants to the Bank that (i) the signatures listed above are the true and authentic signatures of the additional Authorized Account Signer(s); (ii) that each Customer listed above has taken all action required by its respective organizational documents to appoint the additional Authorized Account Signer(s) and to delete any Existing Authorized Signer(s); and (iii) he/she is authorized to complete this Appendix A-1 for each Customer listed above.

Account Signer may execute this Appendix A-1 to add an account(s) for Customer if the Existing Authorized Signers remain the same. Otherwise, this Appendix A-1 must be executed by a Contract Signer. This Appendix A-1 becomes effective only after U.S. Bank receives and has time to modify its records to reflect the changes noted herein.

Signer Signature: _____

Print Title: _____

Print Name: _____

Date: _____

For Internal Use Only:

Authorized Signers are related to the Master Services Agreement dated: _____

Review _____ Validation Method _____ TL Review _____ Imaged _____



Appendix A-1

New Account/Change in Authorized Account Signer(s)

Customer Information

Customer Name: CITY OF COLUMBIA, MISSOURI

New Account

Tax Identification Number: _____

Change in Authorized Account Signers

Account Information

Account Name	Account Number	Tax Identification Number
CITY OF COLUMBIA, MISSOURI ACCOUNTS PAYABLE ACCOUNT	_____	_____

Authorized Account Signers

Add Authorized Account Signer(s):

Name	Title	Specimen Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Delete Authorized Account Signer(s) (list name(s) only):

_____	_____	_____
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Existing Authorized Account Signer(s) other than those new Authorized Account Signers listed above (list name(s) only, no specimen signatures are needed)

_____	_____	_____
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The Signer listed below further represents and warrants to the Bank that (i) the signatures listed above are the true and authentic signatures of the additional Authorized Account Signer(s); (ii) that each Customer listed above has taken all action required by its respective organizational documents to appoint the additional Authorized Account Signer(s) and to delete any Existing Authorized Signer(s); and (iii) he/she is authorized to complete this Appendix A-1 for each Customer listed above.

Account Signer may execute this Appendix A-1 to add an account(s) for Customer if the Existing Authorized Signers remain the same. Otherwise, this Appendix A-1 must be executed by a Contract Signer. This Appendix A-1 becomes effective only after U.S. Bank receives and has time to modify its records to reflect the changes noted herein.

Signer Signature: _____

Print Title: _____

Print Name: _____

Date: _____

For Internal Use Only:

Authorized Signers are related to the Master Services Agreement dated: _____

Review _____ Validation Method _____ TL Review _____ Imaged _____