2012-10-383

CORPORATE AUTHORIZATION RESOLUTION

By:

Referred to in this document as "Financial Institution" | Referred to in this document as "Corporation"

I, Kim A. Futrell, certify that I am Secretary (clerk) of the above named corporation organized under the laws of South Carolina, Federal Employer I.D. Number 57-6-000307, engaged in business under the trade name of Barnwell County Government, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on October 9, 2012 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

	Name and Title or Position	Signature	Facsimile Signature (if used)
A.	Pickens Williams, JR.	X Pickens Williams Jr.	X
B.	Wendall P. Gibson, Jr.	X Wendall P. Gibson Jr.	X
C.	Jenifer S. Gantt	X Jenifer S. Gantt	X
D.	Charles L. Jowers Sr.	X Charles L. Jowers Sr.	X
E.	Freddie L. Houston Sr.	X Freddie L. Houston Sr.	X
F.	Harold Bellamy	X	X

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F		Description of Power	Indicate number of signatures required
	(1)	Exercise all of the powers listed in this resolution.	
	(2)	Open any deposit or share account(s) in the name of the Corporation.	
A,B,C	(3)	Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	
	(4)	Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	
	(5)	Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Corporation as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	
	(6)	Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	
	(7)	Other _____	

LIMITATIONS ON POWERS The following are the Corporation's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

☐ If checked, the Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on _____ (date).

_____ Attest by One Other Officer

_____ Secretary

RESOLUTIONS

The Corporation named on this resolution resolves that,

(1) The Financial Institution is designated as a depository for the funds of the Corporation and to provide other financial accommodations indicated in this resolution.

(2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Board of Directors of the Corporation and certified to the Financial Institution as governing the operation of this corporation's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.

(3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Corporation. Any Agent, so long as they act in a representative capacity as agents of the Corporation, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.

(4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Corporation with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.

(5) The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.

(6) The Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.

(7) The Corporation acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Corporation with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Corporation authorizes each Agent to have custody of the Corporation's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) ☐ This resolution is superseded by resolution dated _____.

Comments:

CORPORATE AUTHORIZATION RESOLUTION

By:

Referred to in this document as "Financial Institution" | Referred to in this document as "Corporation"

I, Kim A. Futrell, certify that I am Secretary (clerk) of the above named corporation organized under the laws of South Carolina, Federal Employer I.D. Number 57-6-000307, engaged in business under the trade name of Barnwell County Government, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on October 9, 2012 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

	Name and Title or Position	Signature	Facsimile Signature (if used)
A.	DAVID KENNEDY	X	X
B.	R. Keith Sloan, Council	X	X
C.	Joe Smith, Council	X	X
D.		X	X
E.		X	X
F.		X	X

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
	(1) Exercise all of the powers listed in this resolution.	
	(2) Open any deposit or share account(s) in the name of the Corporation.	
	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	
	(4) Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	
	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Corporation as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	
	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	
	(7) Other _____	

LIMITATIONS ON POWERS The following are the Corporation's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

☐ If checked, the Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on _____ (date).

_____ Attest by One Other Officer

_____ Secretary

RESOLUTIONS

The Corporation named on this resolution resolves that,

(1) The Financial Institution is designated as a depository for the funds of the Corporation and to provide other financial accommodations indicated in this resolution.

(2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Board of Directors of the Corporation and certified to the Financial Institution as governing the operation of this corporation's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.

(3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Corporation. Any Agent, so long as they act in a representative capacity as agents of the Corporation, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.

(4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Corporation with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.

(5) The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.

(6) The Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.

(7) The Corporation acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Corporation with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Corporation authorizes each Agent to have custody of the Corporation's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) ☐ This resolution is superseded by resolution dated _____ .

Comments:

Account Agreement

Date: 08/13/2012

Institution Name & Address

Enterprise Bank of SC
287 Main Street, Barnwell, SC 29812
303-259-2265

Internal Use 211105598 port 9200142

Account Title & Address

Barnwell County Council
Accounts Payable
57 Wall Street, Barwell, SC 29812

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

Ownership of Account

The specified ownership will remain the same for all accounts.

- ☐ Individual
- ☐ Joint with Survivorship (not as tenants in common)
- ☐ Joint with No Survivorship (as tenants in common)
- ☐ Corporation - For Profit
- ☐ Corporation - Nonprofit
- ☐ Partnership
- ☐ Sole Proprietorship
- ☐ Limited Liability Company
- ☐ Trust-Separate Agreement Dated: _____
- ☒ Other

Beneficiary Designation

(Check appropriate ownership above.)

- ☐ Revocable Trust
- ☐ Pay-On-Death (POD)
- ☐ _____

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

Owner/Signer Information 1

Name	Pickens Williams, JR.
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 2

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☒ Terms and Conditions
- ☒ Electronic Fund Transfers
- ☒ Substitute Checks
- ☒ Common Features
- ☒ Privacy
- ☒ Truth in Savings
- ☒ Funds Availability
- ☐ _____

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1 [x Pickens Williams Jr.]

2 [x R. Keith Dean]

3 [x]

4 [x Charles D Jones Sr]

Owner/Signer Information 3

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 4

Name	Chanlos C. Jowers, Sr
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certifications

(If not a "U.S. Person," certify foreign status separately.)

TIN: 57-6000307

☒ **Taxpayer I.D. Number (TIN)** - The number shown above is my correct taxpayer identification number.

☒ **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 Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X _____ (Date)

Non-Individual Owner Information

Name	Barnwell County Council
EIN	57-6000307
Phone	
Mobile Phone	
E-Mail	
Type of Entity	Other
State/Country & Date of Organization	
Nature of Business	
Address	57 Wall Street Barwell, SC 29812
Mailing Address (if different)	
Authorization/ Resolution Date	
Previous Financial Inst.	

Account Description	Account #	Initial Deposit/Source
Business Interest Checking Account	211105598	$ 0.00 ☐ Cash ☐ Check ☐ _____
		$ _____ ☐ Cash ☐ Check ☐ _____
		$ _____ ☐ Cash ☐ Check ☐ _____

Services Requested

☐ ATM ☐ Debit/Check Cards (No. Requested: _____)

☐ _____ ☐ _____

☐ _____ ☐ _____

Other Terms/Information

Account Agreement

Date: 08/13/2012

Institution Name & Address

Enterprise Bank of SC
287 Main Street, Barnwell, SC 29812
803-259-2265

Internal Use 211105598 port 9200142

Account Title & Address

Barnwell County Council
Accounts Payable
57 Wall Street, Barwell, SC 29812

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

Owner/Signer Information 1

Name	#5
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst	

Owner/Signer Information 2

Name	JOE SMITH ~~#6~~
Relationship	SELF #8
Address	122 GALILEE RD BARNWELL, S.C 29812
Mailing Address (if different)	
Home Phone	803 259-1062
Work Phone	803 541-0401
Mobile Phone	803 671-3344
E-Mail	SMITH4553@BELLSOUTH.NET
Birth Date	4-4-38
SSN/TIN	247-56-4693
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst	

Ownership of Account

The specified ownership will remain the same for all accounts.

- ☐ Individual
- ☐ Joint with Survivorship (not as tenants in common)
- ☐ Joint with No Survivorship (as tenants in common)
- ☐ Corporation - For Profit
- ☐ Corporation - Nonprofit
- ☐ Partnership
- ☐ Sole Proprietorship
- ☐ Limited Liability Company
- ☐ Trust-Separate Agreement Dated: _____
- ☒ Other

Beneficiary Designation

(Check appropriate ownership above.)

- ☐ Revocable Trust
- ☐ Pay-On-Death (POD)
- ☐ _____

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1.

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☒ Terms and Conditions
- ☒ Electronic Fund Transfers
- ☒ Substitute Checks
- ☒ Common Features
- ☒ Privacy
- ☒ Truth in Savings
- ☒ Funds Availability
- ☐ _____

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

5[x Freddie L Houston Sr]

6[x Harold Buckmon]

7[x [illegible]] 8[x [illegible]]

Owner/Signer Information 3

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 4

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certifications

(If not a "U.S. Person," certify foreign status separately.)

TIN: 57-6000307

☒ **Taxpayer I.D. Number (TIN)** - The number shown above is my correct taxpayer identification number.

☒ **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 Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X _____ (Date)

Non-Individual Owner Information

Name	Barnwell County Council
EIN	57-6000307
Phone	
Mobile Phone	
E-Mail	
Type of Entity	Other
State/Country & Date of Organization	
Nature of Business	
Address	57 Wall Street Barwell, SC 29812
Mailing Address (if different)	
Authorization/ Resolution Date	
Previous Financial Inst.	

Account Description	Account #	Initial Deposit/Source
Business Interest Checking Account	211105598	$ 0.00 ☐ Cash ☐ Check ☐ _____
		$ _____ ☐ Cash ☐ Check ☐ _____
		$ _____ ☐ Cash ☐ Check ☐ _____

Services Requested

☐ ATM ☐ Debit/Check Cards (No. Requested: _____)

☐ _____ ☐ _____

☐ _____ ☐ _____

Other Terms/Information

Account Agreement

Date: 08/13/2012

Institution Name & Address

Enterprise Bank of SC
287 Main Street, Barnwell, SC 29812
803-259-2265

Internal Use 211105598 port 9200142

Account Title & Address

Barnwell County Council
Accounts Payable
57 Wall Street, Barwell, SC 29812

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

Ownership of Account

The specified ownership will remain the same for all accounts.

- ☐ Individual
- ☐ Joint with Survivorship (not as tenants in common)
- ☐ Joint with No Survivorship (as tenants in common)
- ☐ Corporation - For Profit
- ☐ Corporation - Nonprofit
- ☐ Partnership
- ☐ Sole Proprietorship
- ☐ Limited Liability Company
- ☐ Trust-Separate Agreement Dated: _____
- ☒ Other _____

Beneficiary Designation

(Check appropriate ownership above.)

- ☐ Revocable Trust
- ☐ Pay-On-Death (POD)
- ☐ _____

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

Owner/Signer Information 1

Name	Wendall P. Gibson, Jr. #9
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 2

Name	Jenifer S. Oandt #10
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☒ Terms and Conditions
- ☒ Electronic Fund Transfers
- ☒ Substitute Checks
- ☒ Common Features
- ☒ Privacy
- ☒ Truth in Savings
- ☒ Funds Availability
- ☐ _____

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

9[x Wendall P. Gibson Jr.]

10[x Jenifer S Oandt]

11[x] 12[x]

Owner/Signer Information 3

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 4

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certifications

(If not a "U.S. Person," certify foreign status separately.)

TIN: 57-6000307

☒ **Taxpayer I.D. Number (TIN)** - The number shown above is my correct taxpayer identification number.

☒ **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 Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X _____ (Date)

Non-Individual Owner Information

Name	Barnwell County Council
EIN	57-6000307
Phone	
Mobile Phone	
E-Mail	
Type of Entity	Other
State/Country & Date of Organization	
Nature of Business	
Address	57 Wall Street Barwell, SC 29812
Mailing Address (if different)	
Authorization/ Resolution Date	
Previous Financial Inst.	

Account Description	Account #	Initial Deposit/Source
Business Interest Checking Account	211105598	$ 0.00 ☐ Cash ☐ Check ☐ _____
		$ _____ ☐ Cash ☐ Check ☐ _____
		$ _____ ☐ Cash ☐ Check ☐ _____

Services Requested

☐ ATM ☐ Debit/Check Cards (No. Requested: _____)

☐ _____ ☐ _____

☐ _____ ☐ _____

Other Terms/Information

(10)

First Citizens

1230 Main Street
PO Box 29
Columbia, SC 29202-0029

SC08

00434
BARNWELL COUNTY COUNCIL
~~COUNTY CLAIMS~~ Accounts Payable
~~BARNWELL COUNTY ADMINISTRATION BLDG~~
57 WALL ST
BARNWELL SC 29812-1584

HV
002

Your Account(s) At A Glance

Checking Balance	345,109.47+

Statement Period: July 1 , 2012 Thru July 31, 2012 Account Number : 240107173901

Business Relationship Checking

Account Number : 240107173901 Enclosures In Statement: 322

Beginning Balance	**369,182.15+**	Statement Period Days	31
0 Deposits	0.00	Average Collected Balance	403,308.00+
9 Other Credits	1,101,446.07+		
322 Checks	1,029,284.53-		
4 Other Debits	96,234.22-		
Monthly Service Charge	0.00		
Ending Balance	**345,109.47+**		

Other Credits To Your Account

Date	Description			
07-05	Transfer Internet	07-05 Seq # 96347	240107175401	582,866.07
07-09	Transfer Internet	07-09 Seq # 41698	240107175401	12,583.38
07-10	Transfer Internet	07-10 Seq # 51680	240107175401	TAX Dep. 49,142.32
07-12	Transfer Internet	07-12 Seq # 82012	240107175401	112,033.72
07-17	Transfer Internet	07-17 Seq # 39293	240107175401	73,332.03
07-20	Transfer Internet	07-20 Seq # 89630	240107175401	27,656.83
07-25	Transfer Internet	07-25 Seq # 43321	240107175401	13,264.24
07-26	Transfer Internet	07-26 Seq # 52735	240107175401	TAX Dep. 47,091.90
07-31	Transfer Internet	07-31 Seq # 17923	240107175401	183,475.58
	Total			1,101,446.07

Checks Paid From Your Account

Check No.	Date	Amount	Check No.	Date	Amount	Check No.	Date	Amount
76620	07-19	120.00	82657*	07-02	1,394.10	82674*	07-02	131.61
79521*	07-13	10.00	82658	07-03	110.98	82675	07-02	2,165.70
82356*	07-17	10.00	82659	07-02	1,523.68	82676	07-02	9,845.00
82373*	07-11	10.00	82660	07-02	240.92	82677	07-03	70.68
82609*	07-11	10.00	82661	07-05	427.22	82678	07-02	915.15
82612*	07-05	11.00	82662	07-05	25.00	82679	07-09	44.00
82613	07-05	10.00	82663	07-02	223.95	82680	07-05	70.00
82620*	07-02	10.00	82664	07-02	1,838.97	82681	07-03	36.51
82626*	07-05	10.00	82665	07-02	48.72	82682	07-03	1,120.40
82627	07-02	10.00	82666	07-02	625.00	82683	07-06	110.21
82635*	07-02	10.00	82667	07-06	664.43	82684	07-02	95.12
82636	07-05	53.18	82668	07-09	579.44	82685	07-02	2,403.07
82638*	07-03	250.00	82670*	07-05	750.00	82686	07-13	1,865.79
82639	07-02	617.35	82671	07-05	49.18	82687	07-03	48.31
82653*	07-11	80.65	82672	07-05	971.66	82689*	07-05	256.80

*Prior Check Number(s) Not Included or Out of Sequence.

Direct Customer Inquiry Calls To
FIRST CITIZENS
Hotline At 1-888-612-4444.

CORPORATE AUTHORIZATION RESOLUTION

By:

Referred to in this document as "Financial Institution" | Referred to in this document as "Corporation"

I, Kim A. Futrell, certify that I am Secretary (clerk) of the above named corporation organized under the laws of South Carolina, Federal Employer I.D. Number 57-6-000307, engaged in business under the trade name of Bacowell County Government, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on October 9, 2012 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

	Name and Title or Position		Signature		Facsimile Signature (if used)
A.	Pickens Williams, JR.	X	Pickens Williams Jr.	X	
B.	Wendall P. Gibson, Jr.	X	Wendall P. Gibson	X	
C.	Jenifer S. Gantt	X	Jenifer S. Gantt	X	
D.	Charles L. Jowers Sr.	X	Charles L. Jowers Sr.	X	
E.	Freddie L. Houston Sr.	X	Freddie L. Houston Sr.	X	
F.	Harold Berryman	X		X	

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F		Description of Power	Indicate number of signatures required
	(1)	Exercise all of the powers listed in this resolution.	
	(2)	Open any deposit or share account(s) in the name of the Corporation.	
A,B,C	(3)	Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	
	(4)	Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	
	(5)	Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Corporation as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	
	(6)	Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	
	(7)	Other _____	

LIMITATIONS ON POWERS The following are the Corporation's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

☐ If checked, the Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on _____ (date).

_____ Attest by One Other Officer

_____ Secretary

RESOLUTIONS

The Corporation named on this resolution resolves that,

(1) The Financial Institution is designated as a depository for the funds of the Corporation and to provide other financial accommodations indicated in this resolution.

(2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Board of Directors of the Corporation and certified to the Financial Institution as governing the operation of this corporation's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.

(3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Corporation. Any Agent, so long as they act in a representative capacity as agents of the Corporation, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.

(4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Corporation with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.

(5) The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.

(6) The Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.

(7) The Corporation acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Corporation with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Corporation authorizes each Agent to have custody of the Corporation's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) ☐ This resolution is superseded by resolution dated _____ .

Comments:

CORPORATE AUTHORIZATION RESOLUTION

By:

Referred to in this document as "Financial Institution" | Referred to in this document as "Corporation"

I, Kim A. Futrell, certify that I am Secretary (clerk) of the above named corporation organized under the laws of South Carolina, Federal Employer I.D. Number 57-6-000307, engaged in business under the trade name of Barnwell County Government, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on October 9, 2012 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

AGENTS Any agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

	Name and Title or Position		Signature		Facsimile Signature (if used)
A.	DAVID KENNER	X		X	
B.	R. Keith Sloan, Council	X		X	
C.	Joe Smith, Council	X		X	
D.		X		X	
E.		X		X	
F.		X		X	

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agent signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F		Description of Power	Indicate number of signatures required
	(1)	Exercise all of the powers listed in this resolution.	
	(2)	Open any deposit or share account(s) in the name of the Corporation.	
	(3)	Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	
	(4)	Borrow money on behalf and in the name of the Corporation, sign, execute and deliver promissory notes or other evidences of indebtedness.	
	(5)	Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Corporation as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	
	(6)	Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	
	(7)	Other _____	

LIMITATIONS ON POWERS The following are the Corporation's express limitations on the powers granted under this resolution.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated _____. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

☐ If checked, the Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on _____ (date).

_____ Attest by One Other Officer

_____ Secretary

RESOLUTIONS

The Corporation named on this resolution resolves that,

(1) The Financial Institution is designated as a depository for the funds of the Corporation and to provide other financial accommodations indicated i this resolution.

(2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Board of Directors of the Corporation and certified to the Financial Institution as governing the operation of this corporation's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.

(3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Corporation. Any Agent, so long as they act in a representative capacity as agents of the Corporation, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.

(4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Corporation with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.

(5) The Corporation agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Corporation. The Corporation authorizes the Financial Institution, at any time, to charge the Corporation for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.

(6) The Corporation acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Corporation to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.

(7) The Corporation acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Corporation with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Corporation authorizes each Agent to have custody of the Corporation's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on _____ (date) by _____ (initials) ☐ This resolution is superseded by resolution dated _____ .

Comments:

Account Agreement

Date: 08/13/2012

Institution Name & Address

Enterprise Bank of SC
287 Main Street, Barnwell, SC 29812
303-259-2265

Internal Use 211105598 port 9200142

Account Title & Address

Barnwell County Council
Accounts Payable
57 Wall Street, Barwell, SC 29812

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

Owner/Signer Information 1

Name	Pickens Williams, Jr.
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 2

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Ownership of Account

The specified ownership will remain the same for all accounts.

- ☐ Individual
- ☐ Joint with Survivorship (not as tenants in common)
- ☐ Joint with No Survivorship (as tenants in common)
- ☐ Corporation - For Profit
- ☐ Corporation - Nonprofit
- ☐ Partnership
- ☐ Sole Proprietorship
- ☐ Limited Liability Company
- ☐ Trust-Separate Agreement Dated: _____
- ☒ Other

Beneficiary Designation

(Check appropriate ownership above.)

- ☐ Revocable Trust
- ☐ Pay-On-Death (POD)
- ☐ _____

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1_____.

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☒ Terms and Conditions
- ☒ Electronic Fund Transfers
- ☒ Substitute Checks
- ☒ Common Features
- ☒ Privacy
- ☒ Truth in Savings
- ☒ Funds Availability
- ☐ _____

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

1[x Pickens Williams Jr.]

2[x R. Keith Sloan]

3[x] 4[x Charles L Jones Jr]

Owner/Signer Information 3

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 4

Name	Charles C. Jowers, Sr
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certifications

(If not a "U.S. Person," certify foreign status separately.)

TIN: 57-6000307

☒ **Taxpayer I.D. Number (TIN)** - The number shown above is my correct taxpayer identification number.

☒ **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 Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X _____ (Date)

Non-Individual Owner Information

Name	Barnwell County Council
EIN	57-6000307
Phone	
Mobile Phone	
E-Mail	
Type of Entity	Other
State/Country & Date of Organization	
Nature of Business	
Address	57 Wall Street Barwell, SC 29812
Mailing Address (if different)	
Authorization/ Resolution Date	
Previous Financial Inst.	

Account Description	Account #	Initial Deposit/Source
Business Interest Checking Account	211105598	$ 0.00 ☐ Cash ☐ Check ☐ _____
		$ _____ ☐ Cash ☐ Check ☐ _____
		$ _____ ☐ Cash ☐ Check ☐ _____

Services Requested

☐ ATM ☐ Debit/Check Cards (No. Requested: _____)

☐ _____ ☐ _____

☐ _____ ☐ _____

Other Terms/Information

Account Agreement

Date: 08/13/2012

Institution Name & Address

Enterprise Bank of SC
287 Main Street, Barnwell, SC 29812
303-259-2265

Internal Use 211105598 port 9200142

Account Title & Address

Barnwell County Council
Accounts Payable
57 Wall Street, Barwell, SC 29812

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

Owner/Signer Information 1

Name	#5
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 2

Name	JOE SMITH ~~#6~~
Relationship	SELF #8
Address	122 GALILEE RD BARNWELL, S.C 29812
Mailing Address (if different)	
Home Phone	803 259-1062
Work Phone	803 541-0401
Mobile Phone	803 671-3344
E-Mail	SMITH4553@BELLSOUTH.NET
Birth Date	4-4-38
SSN/TIN	247-56-4693
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Ownership of Account

The specified ownership will remain the same for all accounts.

- ☐ Individual
- ☐ Joint with Survivorship (not as tenants in common)
- ☐ Joint with No Survivorship (as tenants in common)
- ☐ Corporation - For Profit
- ☐ Corporation - Nonprofit
- ☐ Partnership
- ☐ Sole Proprietorship
- ☐ Limited Liability Company
- ☐ Trust-Separate Agreement Dated: _____
- ☒ Other

Beneficiary Designation

(Check appropriate ownership above.)

- ☐ Revocable Trust
- ☐ Pay-On-Death (POD)
- ☐ _____

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1.

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☒ Terms and Conditions
- ☒ Electronic Fund Transfers
- ☒ Substitute Checks
- ☒ Common Features
- ☒ Privacy
- ☒ Truth in Savings
- ☒ Funds Availability
- ☐ _____

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

5[x Freddie L Houston Sr]

6[x Harold Buckmon]

7[x [illegible]]8[x [illegible]]

Owner/Signer Information 3

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 4

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certifications

(If not a "U.S. Person," certify foreign status separately.)

TIN: 57-6000307

☒ **Taxpayer I.D. Number (TIN)** - The number shown above is my correct taxpayer identification number.

☒ **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 Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X _____ (Date)

Non-Individual Owner Information

Name	Barnwell County Council
EIN	57-6000307
Phone	
Mobile Phone	
E-Mail	
Type of Entity	Other
State/Country & Date of Organization	
Nature of Business	
Address	57 Wall Street Barwell, SC 29812
Mailing Address (if different)	
Authorization/ Resolution Date	
Previous Financial Inst.	

Account Description	Account #	Initial Deposit/Source
Business Interest Checking Account	211105598	$ 0.00 ☐ Cash ☐ Check ☐ _____
		$ _____ ☐ Cash ☐ Check ☐ _____
		$ _____ ☐ Cash ☐ Check ☐ _____

Services Requested

☐ ATM ☐ Debit/Check Cards (No. Requested: _____)

☐ _____ ☐ _____

☐ _____ ☐ _____

Other Terms/Information

Account Agreement

Date: 08/13/2012

Institution Name & Address

Enterprise Bank of SC
287 Main Street, Barnwell, SC 29812
303-259-2265

Internal Use 211105598 port 9200142

Account Title & Address

Barnwell County Council
Accounts Payable
57 Wall Street, Barwell, SC 29812

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter **Non-Individual Owner Information** on page 2. There is additional **Owner/Signer Information** space on page 2.

Ownership of Account

The specified ownership will remain the same for all accounts.

- ☐ Individual
- ☐ Joint with Survivorship (not as tenants in common)
- ☐ Joint with No Survivorship (as tenants in common)
- ☐ Corporation - For Profit
- ☐ Corporation - Nonprofit
- ☐ Partnership
- ☐ Sole Proprietorship
- ☐ Limited Liability Company
- ☐ Trust-Separate Agreement Dated: _____
- ☒ Other _____

Beneficiary Designation

(Check appropriate ownership above.)

- ☐ Revocable Trust
- ☐ Pay-On-Death (POD)
- ☐ _____

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

☐ If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1

Owner/Signer Information 1

Name	Wendall P. Gibson, Jr. #9
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 2

Name	Jenifer S. Oanth #10
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- ☒ Terms and Conditions
- ☒ Electronic Fund Transfers
- ☒ Substitute Checks
- ☒ Common Features
- ☒ Privacy
- ☒ Truth in Savings
- ☒ Funds Availability
- ☐ _____

☐ Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)

9[x Wendall P. Gibson Jr.]

10[x Jenifer S Oanth]

11[x] 12[x]

Owner/Signer Information 3

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Owner/Signer Information 4

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Backup Withholding Certifications

(If not a "U.S. Person," certify foreign status separately.)

TIN: 57-6000307

☒ **Taxpayer I.D. Number (TIN)** - The number shown above is my correct taxpayer identification number.

☒ **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 Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X _____ (Date)

Non-Individual Owner Information

Name	Barnwell County Council
EIN	57-6000307
Phone	
Mobile Phone	
E-Mail	
Type of Entity	Other
State/Country & Date of Organization	
Nature of Business	
Address	57 Wall Street Barwell, SC 29812
Mailing Address (if different)	
Authorization/ Resolution Date	
Previous Financial Inst.	

Account Description	Account #	Initial Deposit/Source
Business Interest Checking Account	211105598	$ 0.00 ☐ Cash ☐ Check ☐ _____
		$ _____ ☐ Cash ☐ Check ☐ _____
		$ _____ ☐ Cash ☐ Check ☐ _____

Services Requested

☐ ATM ☐ Debit/Check Cards (No. Requested: _____)

☐ _____ ☐ _____

☐ _____ ☐ _____

Other Terms/Information

(10)

First Citizens

1230 Main Street
PO Box 29
Columbia, SC 29202-0029

SC08

00434
BARNWELL COUNTY COUNCIL
~~COUNTY CLAIMS~~ Accounts Payable
~~BARNWELL COUNTY ADMINISTRATION BLDG~~
57 WALL ST
BARNWELL SC 29812-1584

HV
002

Your Account(s) At A Glance
Checking Balance 345,109.47+

Statement Period: July 1 , 2012 Thru July 31, 2012 Account Number: 240107173901

Business Relationship Checking

Account Number: 240107173901 Enclosures In Statement: 322

Beginning Balance	**369,182.15+**	Statement Period Days	31
0 Deposits	0.00	Average Collected Balance	403,308.00+
9 Other Credits	1,101,446.07+		
322 Checks	1,029,284.53-		
4 Other Debits	96,234.22-		
Monthly Service Charge	0.00		
Ending Balance	**345,109.47+**		

Other Credits To Your Account

Date	Description			
07-05	Transfer Internet	07-05 Seq # 96347	240107175401	582,866.07
07-09	Transfer Internet	07-09 Seq # 41698	240107175401	12,583.38
07-10	Transfer Internet	07-10 Seq # 51680	240107175401	49,142.32
07-12	Transfer Internet	07-12 Seq # 82012	240107175401	112,033.72
07-17	Transfer Internet	07-17 Seq # 39293	240107175401	73,332.03
07-20	Transfer Internet	07-20 Seq # 89630	240107175401	27,656.83
07-25	Transfer Internet	07-25 Seq # 43321	240107175401	13,264.24
07-26	Transfer Internet	07-26 Seq # 52735	240107175401	47,091.90
07-31	Transfer Internet	07-31 Seq # 17923	240107175401	183,475.58
	Total			1,101,446.07

TAX Dep.
TAX Dep.

Checks Paid From Your Account

Check No.	Date	Amount	Check No.	Date	Amount	Check No.	Date	Amount
76620	07-19	120.00	82657*	07-02	1,394.10	82674*	07-02	131.61
79521*	07-13	10.00	82658	07-03	110.98	82675	07-02	2,165.70
82356*	07-17	10.00	82659	07-02	1,523.68	82676	07-02	9,845.00
82373*	07-11	10.00	82660	07-02	240.92	82677	07-03	70.68
82609*	07-11	10.00	82661	07-05	427.22	82678	07-02	915.15
82612*	07-05	11.00	82662	07-05	25.00	82679	07-09	44.00
82613	07-05	10.00	82663	07-02	223.95	82680	07-05	70.00
82620*	07-02	10.00	82664	07-02	1,838.97	82681	07-03	36.51
82626*	07-05	10.00	82665	07-02	48.72	82682	07-03	1,120.40
82627	07-02	10.00	82666	07-02	625.00	82683	07-06	110.21
82635*	07-02	10.00	82667	07-06	664.43	82684	07-02	95.12
82636	07-05	53.18	82668	07-09	579.44	82685	07-02	2,403.07
82638*	07-03	250.00	82670*	07-05	750.00	82686	07-13	1,865.79
82639	07-02	617.35	82671	07-05	49.18	82687	07-03	48.31
82653*	07-11	80.65	82672	07-05	971.66	82689*	07-05	256.80

*Prior Check Number(s) Not Included or Out of Sequence.

Direct Customer Inquiry Calls To
FIRST CITIZENS
Hotline At 1-888-612-4444.