## REPUBLIC BANK

## **Business New Account Form**

BANK Associate: PHIBBS

www.republicbank.com Banking (	Center: COMME	ERCIAL BANKING - CENTRAL H	KY	Checked By:
Account Title & Address	**************************************	Account Number:		Account Type:
Lexington Fayette		58039449 Deposit Amount:		ANALYSIS CHECKING SWEEP Source of Funds:
Urban County Governement		.01		Central Bank
Attn Revenue Department		Opening Date: 06/20/2014		Source of Referral: Existing Client
200 E Main St		EIN;		Primary Officer:
Lexington, KY 40507-1310		61-0858140		
	,	Business Type:		# of Signatures Required: 1
		Business Phone:		
		859-258-3354		1403269089791
Name:		Authorized Signers	901	
Russell A Cook JR			331	<sup>1</sup> 233-06-4188
Home Address: 4729 Willman Way, I	exington, KY	40509-2537		
DOB: 12/15/1973	Email Addre	ess: ook@lexingtonky.gov	Emplo	yer:
Home Phone:	Business P	none:	Cell P	hone:
ID Number:	Issuer/Exp.:	859-258-3354	Chair	Efunds:
DL KY C98148471		11 01/15/2015	OHEAN	1403269192300
Name: Phyllis A Cooper			SSN	ł: 400-13-4270
Homo Address	autaataa VV X	0547.0940	<b></b>	10-72/0
336 Hightower Rd, Li	Email Addre		Emplo	ver:
7/29/1963		in the second second	1	
Home Phone:	Business P	hone: 859-258-3000	Cell P	none:
ID Number: DL KY Y92081441	pssuer/mxp	12 08/29/2016	Chex	Efunds: 1403269209334
Name:	1 00120/20	112. VS((23/2010	SSI	
Home Address:				
	······································			
DOB:	Email Addr	988:	Emplo	oyer:
Home Phone:	Business P	hone:	Cell P	hone;
ID Number:	Issuer/Exp.	· · · · · · · · · · · · · · · · · · ·	Chex/	Efunds:
			<u></u>	,
Backup Withholding		EIN: 61-0858	140	
backup withholding, I am not subject to back report all interest or dividends, or the Intern	up withholding ber al Revenue Servi y the IRS that you I, please initial this	number shown above is my correct leause I have not been notified that I ce has notified me that I am no lor I are subject to backup withholding line: (Your Initials	laxpayer am sub nger sub due to i s nullify t	I dentification number, and (2) I am exempt from lect to backup withholding as a result of failure to elect to backup withholding, and (3) I am a U.S. notified payee underreporting and have not been he statement in (2) above).
business that administers or facilitates intern				
Special Conditions:				
I have received and agree to all account rules obtain a credit bureau report for the purpose	s, all regulatory dis of reviewing my a	sclosures, and I attest to the Certificaccount.	ations si	ated above. The Bank reserves the right to
X Kussell G. Cod. L	L. CPA	x 7/9/14	•	Mu man 7,1411
X Phyllis A cooper	er 7/	Date 10/14 Date	-	CALE VDAR (T 06/2-2014 RBTAC002 REV03/26/14



## **Business Online Banking Application**

Fax this form to Treasury Management at (502) 561-7169 Email form to treasurymgmt@republicbank.com

Company Name	LFUCG		Contact Name	Russell A Cook	
Street	200 E Main Stree	ıt	Phone #	(859) 258-33	54
City St Zip	Lexington Ky 405	507			/
Tax ID	61-0858140		Bmail	RCOOK@\exindenty.a	VOY
ccount In	ı <b>formation</b> (By s	igning this form, all business checking	g accounts list	ed will be granted free online stateme	nt access)
	1 Account #	58039449	3 Accor	unt #	
oan Infori	2 Account #	ude a copy of the Loan Note and signe	4 Acco	ount # must sign this BOB Application )	
· · · · · · · · · · · · · · · · · · ·					
				1#	
	5 Loan #		6 Loar		
	5 Loan #	account numbers or users, please atta	6 Loar	1#	at.
	5 Loan #	account numbers or users, please atta	6 Loar	ge following the same numerical form  Acct Access - Above List	at.
uthorized U ori Vahle	5 Loan # For additional ser First & Last	account numbers or users, please atta	6 Loar ch another pag	ge following the same numerical form  Acct Access - Above List  1 2 3 4 5 6	at.
uthorized U ori Vahle	5 Loan #  For additional ser First & Last  Iligan	account numbers or users, please atta  E-mail & Phone # (Both Required level)	6 Loar ch another pag	2e following the same numerical form  Acet Access - Above List  1 2 3 4 5 6  1 2 3 4 5 6	
uthorized U ori Vahle tephen Mu had Hanco	5 Loan # For additional ser First & Last lligan ock	eccount numbers or users, please atta  E-mail & Phone # (Both Required Ivahle@lexingtonky.gov)  smulligan@lexingtonky.gov  chancock@lexingtonky.gov	6 Loar ch another pag	2e following the same numerical form  Acet Access - Above List  1 2 3 4 5 6  1 2 3 4 5 6	at.
athorized U ori Vahle tephen Mu had Hanco NOTE:	5 Loan # For additional ser First & Last  lligan ock	eccount numbers or users, please atta  E-mail & Phone # (Both Required Ivahle@lexingtonky.gov)  smulligan@lexingtonky.gov  chancock@lexingtonky.gov	6 Loar ch another pag	Acet Access - Above List  1 2 3 4 5 6  1 2 3 4 5 6  1 2 3 4 5 6  1 2 3 4 5 6  Date: 7/9/14	at.

Important Disclaimer – The User ID and Password is for individual use only and must not be shared. It is the signer's responsibility to communicate in writing any change to authorized online users. The above users accessing the Business Online Banking system are governed by the applicable account rules.

By completing this form, all users will receive a free 60 day trial period of our Advantage Business Online Banking Platform (A-BOB). After that period, a monthly charge of \$2.95 per business checking account will apply. To opt-out of A-BOB and downgrade to our free Basic Business Online Banking (B-BOB), please email your request to <a href="mailto:treasurymgmt@republicbank.com">treasurymgmt@republicbank.com</a>.