

RESOLUTION OF LODGE, ASSOCIATION OR OTHER SIMILAR ORGANIZATION

UNITY BANK
64 OLD HIGHWAY 22
CLINTON, NJ 08809-1305

By: TOWNSHIP OF FRANKLIN

2017-53

202 SIDNEY ROAD
PITTSSTOWN NJ 08867

Referred to in this document as "Financial Institution"

Referred to in this document as "Association"

I, URSULA V STRYKER, certify that I am Secretary (clerk) of the above named association organized under the laws of STATE OF NEW JERSEY, Federal Employer I.D. Number 22-6001821, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Association duly and properly called and held on 07/27/17 (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 These resolutions appear in the minutes of this meeting and have not been rescinded or modified.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:

Table with 3 columns: Name and Title or Position, Signature, Facsimile Signature (if used). Rows include KATHRYN BLEW, MAYOR; JOSEPH DAROCHA, DEPUTY MAYOR; URSULA V STRYKER; JEAN BAHLMAN.

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.)

Table with 3 columns: Indicate A, B, C, D, E, and/or F; Description of Power; Indicate number of signatures required. Powers include: Exercise all of the powers listed in this resolution; Open any deposit or share account(s) in the name of the Association; Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution; Borrow money on behalf and in the name of the Association, sign, execute and deliver promissory notes or other evidences of indebtedness; 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 Association 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; Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution; Other.

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

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated 3/12/15. If not completed, all resolutions remain in effect.

CERTIFICATION OF AUTHORITY I further certify that the Association has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

If checked, the Association is a non-profit lodge, association or similar organization.

Signatures for Ursula V Stryker (Secretary) and two other officers (Attest by Other Officer).

ACCOUNT AGREEMENT

UNITY BANK
 64 OLD HIGHWAY 22
 CLINTON, NJ 08809-1305

Account 1770008157
 Number:

Account Owner(s) Name & Address
 TOWNSHIP OF FRANKLIN

202 SIDNEY ROAD
 PITTSTOWN NJ 08867

Additional Information:

Agreement Date: 07/21/17 By: LINDA VAIL
 EXISTING Account - This agreement replaces previous agreement(s).
 Account Description: MUNICIPALITY ACCOUNT

Checking Savings NOW _____
 Initial Deposit \$ 208.35 Source: _____

Ownership of Account - CONSUMER Purpose

- Individual _____
 Joint - With Survivorship (and not as tenants in common)
 Joint - No Survivorship (as tenants in common)
 Trust - Separate Agreement:
 Revocable Trust or Pay-on-Death Designation
 as Defined in this Agreement
 (Name and Address of Beneficiaries):

SIGNERS UPDATED 7/21/17

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 acknowledges 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 _____

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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
 MUNICIPALITY

Business: _____

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

- By signing at right, I, KATHRYN BLEW certify under penalties of perjury that the statements made in this section are true.
 TIN: 22-6001821 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).

(1): [KATHRYN BLEW, MAYOR]

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

(2): [JOSEPH DAROCHA, DEPUTY MAYOR]

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

(3): [URSULA V. STRYKER]

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

(4): [JEAN BAHLMAN]

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

Authorized Signer (Individual Accounts Only)
 []

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

FRANKLIN TOWNSHIP
HUNTERDON COUNTY

Committee

Kathryn Blew
Diane Burgess
Joseph Darocha
Craig Repmann
Susan Soloway



Municipal Clerk
202 Sidney Rd.
Pittstown, NJ 08867
(908) 735.5215 fax (908) 735.7598
ftclerk@franklin-twp.org

To: Linda Vall, Unfty Bank

From: Ursula Stryker, RMC

Date: July 17, 2017

Re: Signature resolutions

Please prepare the appropriate resolution(s) for adoption by the Township Committee to authorize certain signatures on township checks. The following signatures must appear on all clearing account checks for the Township of Franklin:

Mayor and/or Deputy Mayor

Kathryn Blew, Mayor
Joseph Darocha, Deputy Mayor

Municipal Clerk

Ursula V. Stryker

CFO

Jean Bahlman
(Jean is signing them temporarily as Finance Assistant)

Cc:

Township Committee
John E. Barrett, Temporary CFO
Jean Bahlman, Finance Assistant
Catherine Innella, Deputy Clerk