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**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
 Treasury & Other Accounting Service Branch  
 Accounting & Disbursements Division  
 333 S. Beaudry Avenue, 26th Floor, Los Angeles, CA 90017

Contact Numbers:  
 Tel. No.: (213) 241-3145  
 Fax No.: (213) 241-6874

**Signature Card Instructions – Student Body  
 Middle and High Schools**

Open <http://achieve.lausd.net/Page/2413> on any web browser.  
 Download the Signature Card for Imprest Fund Schools and Offices form.

Complete the highlighted sections only.  
 Do not change pre-populated information.

Bank of America Merrill Lynch		Deposit Account Documentation Signature Card		
<b>I. ACCOUNT INFORMATION</b>				
Select One:	<input type="checkbox"/> Update (Add/Delete) Signers (existing accounts only)	<input type="checkbox"/> Replace Existing Signature Card with this card	<input type="checkbox"/> New Account	
Account # (If new account, Bank will complete): <b>2</b>				
Account Holder LEGAL NAME: (Must match exact name on Formation Documents)				State of Formation:
<input type="checkbox"/> Owner Business Name of Disregarded Entity: (Must match 1 <sup>st</sup> line of W9)				
<input type="checkbox"/> Third Party/Funds Owner: (If applicable, W-9/W-8 required from Third Party/Funds Owner)				
<input type="checkbox"/> DBA Name: (Must provide copy of fictitious filing)				
Optional Descriptive Account Title: <b>4</b>				
Statement Address: <b>5</b>				
City:	State:	Country:	Postal Code:	
<b>II. BUSINESS TYPE</b>				
Business Type				
<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Unincorporated Organization Association <input type="checkbox"/> Government Authority Agency <input type="checkbox"/> Other <input type="checkbox"/> Limited Liability Company-Manager Managed <input type="checkbox"/> Limited Liability Company-Member Managed <input type="checkbox"/> Limited Liability Company-Sole Member				
<b>III. Designated Accounts Signers</b>				
Add or Delete	Printed Name	Title (if signer also on Banking Resolution, Title Must Match)	Signature	Signer Limited to Check Signing ONLY
▼ <b>6</b>				<input type="checkbox"/>
▼				<input type="checkbox"/>
▼				<input type="checkbox"/>
▼				<input type="checkbox"/>

**1) Select one**

Mark one appropriate box only

UPDATE (Add/Delete) Signers	REPLACE Existing Signature Card	NEW ACCOUNT
Add and/or Delete any signers	- Replaces ALL prior signature cards for the account - All existing signers will be replaced with new signers listed under item #5	For new account opening

**2) Account Number**

UPDATE	REPLACE Existing Signature Card	NEW ACCOUNT
Enter the bank account number of Student Body	Enter the bank account number of Student Body	Leave Blank. Treasury will input the account number

**3) Account Holder LEGAL NAME**

Enter legal name, e.g. "XYZ Middle School"

**4) Descriptive Account Title (Not optional for LAUSD)**

Enter account title, e.g. "XYZ Middle School – Student Body"

**5) Statement Address**

Enter the address where bank statements can be mailed.

**6) Designated Account Signers**

Add or Delete	Printed Name	Title	Signature	Signer Limited to Check Signing ONLY
Use the dropdown box to Add or Delete	Enter the Name of the Signer	Enter the Title of the Signer	- Signed by ADDED Signer - No Signature is needed for the DELETE Signer	Mark box if Signer is limited to check signing authority only

Account #: **7**

**DEPOSIT ACCOUNT DOCUMENTATION-SIGNATURE CARD**

**IV. CUSTOMER ACKNOWLEDGEMENT & AGREEMENT**

You begin or continue a deposit account relationship with us by giving us information about your business and by signing this Agreement. The deposit agreement we give you is part of your agreement with us regarding use of your account and tells you the current terms governing your account. We may change the deposit agreement at any time and will inform you of changes that affect your rights and obligations. By signing below, you acknowledge receipt of the deposit agreement. The deposit agreement includes a provision for alternative dispute resolution.

By signing below, you authorize each person who has signed in the Designated Account Signer section on page one, to operate any account opened under this signature card now or in the future. The authority to operate an account includes: authority to sign checks and other items and to give us other instructions, including by electronic signature, electronic record or other electronic form, to withdraw funds; to endorse and deposit checks and other items payable to or belonging to you to the account; and to transact other administrative business, including by electronic signature, electronic record or other electronic form relating to the account, including closing the account. If you wish to restrict a designated signers authority to check signing you must indicate that by checking the box to the right of their name. We may rely on this authorization for any account opened under this signature card until we receive written notice revoking the authorization at the office where we maintain the account, and we have a reasonable time to act upon such notice. By signing below, this organization agrees to be bound to the above Agreement and Authorization.

For CA Public Funds only: Any person signing this Agreement for the Organization certifies that they are duly authorized to do so as evidenced by attached banking resolution/contract for deposit of moneys or existing banking resolutions/contract for deposit of money on file with us.

**V. Consent to Electronic Delivery of Account Material**

By signing below, you consent to have documentation regarding your accounts and services delivered through electronic delivery such as secure e-mail or our digital banking portal. Information delivered electronically may include sensitive information about your accounts and services, disclosures and terms governing your accounts and services, and information that could facilitate unauthorized transactions against your accounts. As such, you must ensure that the e-mail address that you choose below is secure and accessible by each of your designated account signers, but only by those individuals. Additionally, you should check this e-mail address as important notices may be transmitted periodically. If you would like physical copies of documentation, please contact your service representative.

<b>8</b>			
<b>Printed Name</b>	<b>Title</b> (Certifying individual must be authorized on Banking Resolution, Title MUST match)	<b>Signature</b>	<b>Date</b>
E-mail Address for electronic delivery (Required for new account opening): elizabeth.nimedez@lausd.net			

**VI. SUBSTITUTE FORM W9 / CERTIFICATION** (If foreign entity, W-8 required. Section VI leave blank.)

1. Name (as shown on your income tax return) do not leave this line blank. **9**

2. Business name/disregarded entity name, if different from above

3.  Employer Identification Number **10**  
 Social Security Number

4. Federal Tax Classification; check only ONE of the following seven boxes

<input type="checkbox"/> Individual/sole proprietorship or single member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=corporation, S=S corporation, P=partnership)	Exemptions (Codes apply only to certain entities, not individuals) Exempt payee code (if any) Exemption from FATCA reporting code (if any)
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Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Other (see instructions from IRS) **GOVERNMENT**  
 (Applies to accounts maintained outside the U.S.)

Under penalties of perjury, I certify that: 1) the employer identification number or social security number shown on this form for this account holder is correct (or the account holder is waiting for a number to be issued); and 2) the account holder is not subject to backup withholding because: (a) the account holder is exempt from backup withholding, or (b) the account holder has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the account holder that it is no longer subject to backup withholding; and 3) the account holder is a United States person (defined below\*); and 4) The FATCA code(s) entered on this form (if any) indicating that the organization is exempt from FATCA reporting is correct.

Certification instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

\* If the organization listed above is a foreign entity use the applicable IRD Form W-8 (for additional information please see IRD instructions). The term "United States person" means a citizen or resident of the United States; a partnership created or organized in the United States or under the laws of the United States or of any State; a corporation created or organized in the United States or under the laws of the United States; or of any state or any estate or trust other than a foreign estate or foreign trust.

By signing below, the account holder agrees to be bound by the above Tax Information Certification.

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

<b>11</b>			
<b>Printed Name</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>

**7) Account Number**

Enter the bank account number of Student Body.

**8) EIN Verification Signer Signature**

Sign and enter the name of the Authorized Signer (Principal or Administrator), date and title.

**9) Name (as shown on your income tax return) DO NOT leave this line blank.**

Enter the Legal Name as per the EIN, e.g. "XYZ Middle School"

Note: Name entered in items #3 and #9 must match exactly.

**10) Employer Identification Number**

Enter the EIN of the Student Body.

**11) EIN Verification Signer Signature**

Sign and enter the name of the Authorized Signer (Principal or Administrator), date and title.



Please provide feedback on your recent interaction with us.

Email [renato.doria@lausd.net](mailto:renato.doria@lausd.net) or call (213) 241-7942