

ACCOUNT AGREEMENT

FARMERS NATIONAL BANK
 P O BOX 28
 DANVILLE, KY 40423-0028

Account Number:

Account Owner(s) Name & Address
 LAKE VILLAGE WATER ASSN INC

 WATER LOSS SURCHARGE
 803 PLEASANT HILL RD
 HARRODSBURG KY 40330

Agreement Date: 11/02/2022 By: _____
 EXISTING Account - This agreement replaces previous agreement(s).
 Account Description: NOW PLUS PUBLIC1

Checking Savings NOW _____
 Initial Deposit \$ 0.00 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):

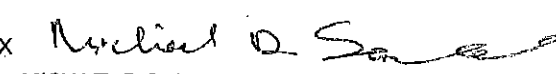
Additional Information:

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 acknowledge 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 FCRA Notice

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
 Government Entity
 Business: _____

(1): [X ]
 MICHAEL D SANFORD
 I.D. # _____ D.O.B. _____

(2): [X ]
 JAMES H BOYD
 I.D. # _____ D.O.B. _____

(3): [X ]
 ANDREA W GROSS
 I.D. # _____ D.O.B. _____

(4): [X _____]
 I.D. # _____ D.O.B. _____

Authorized Signer (Individual Accounts Only)

[X _____]
 I.D. # _____ D.O.B. _____

Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-8)
 By signing at right, I, _____, certify under penalties of perjury that the statements made in this section are true.
 TIN: 61-0716901 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).