

State of Texas Commercial Card Intake Form

Implementation Intake Form

Date: 10/08/2025

Legal Name of the Entity: County of Sabine

Tax ID Number: 75-6001136

Duns#: FANUTX8W2JV4

Web Address for Financials*:

*Consortium Members must provide 3 (three) years of financial data. It is preferred that these financials can be obtained online (a link to your online financials is preferred), but if not, they should be sent to leslie.massey@usbank.com or cpsmidmarketsalescoordinator@usbank.com

Financial URL is: co.sabine.tx.us

Entity Point of Contact: The person designated below will serve as the initial point of contact for establishing an Account or Accounts with U.S. Bank.

Tricia Jacks

Name of Implementation Contact: Tricia Jacks

Mailing Address: PO Box 597, Hemphill, TX 75948

Phone: 409-787-2210 or 409-787-5216 (direct)

Email Address: treasurer@co.sabine.tx.us

Accounting/Financial Software Provider: CYMA (Kerr Consulting)

Do you have a US Bank – Voyager (Fleet) Card today? ☐ Yes ☒ No

Products:

Purchase Card	How many cards?	Annual Credit Limit:
One Card	How many cards? 22	Annual Credit Limit: \$50,000
Travel Card	How many cards?	Annual Credit Limit:
Virtual Cards	How many cards?	Annual Credit Limit:
Individual Billed Cards	How many cards?	Annual Credit Limit:
Declining Balance Cards	How many cards?	Annual Credit Limit:

Product Enhancements:

Will you need a logo on your cards? ☒ Yes ☐ No

Will you need receipt attachment capability for your accounts? ☐ Yes ☒ No

Are you receiving a card transmission file(s) from Citi? ☐ Yes ☒ No

Do you utilize a third-party expense management platform? (Concur, Chrome River, etc.) ☐ Yes ☒ No





Know Your Customer Required Information Collection Form

To help the United States government fight the funding of terrorism and prevent money laundering activities, U.S. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person (individual, corporation, partnership, trust, estate, or any other entity recognized as a legal person) who opens an account. U.S. Bank will ask for the legal name, address, tax identification number, and other identifying information that will assist us in completing the review of your contract/application. We may also ask for copies of certified articles of incorporation, an unexpired government-issued business license, a partnership agreement, or other documents that indicate the existence and standing of the entity. U.S. Federal law also requires financial institutions to conduct ongoing customer due diligence, verify the identity of beneficial owners of certain legal entities, and comply with U.S. Economic Sanctions. U.S. Bank may require identification information on Customer, its Affiliates, Related Parties, or Cardholders, if applicable, to allow U.S. Bank to remain in compliance with U.S. Federal law or U.S. Bank policy. Customer agrees to promptly provide such identification information to U.S. Bank, and Customer shall cause its Affiliates, Related Parties or Cardholders, if applicable, to provide identification information to U.S. Bank.

How to complete this form:

Answer all questions completely and thoroughly, reviewing the requirements of each section. Missing information will cause delays in processing. Abbreviations or acronyms are not acceptable. **Post Office Boxes or Personal Mailboxes are not acceptable**, please provide physical address for any addresses provided. You must notify U.S. Bank if any information in the form changes.

Section A: Customer Information

- Provide the full legal name of the customer as it is captured on formation documents. This does not include Doing Business As (DBA) or Trade names.

Company Information	
Company Name:	County of Sabine
Identification Number: • (TIN, EIN, SSN, ITIN)	75-6001136
Is the above Identification Number shared with another entity?	☐ Yes ☒ No
If Yes, provide all entities that share the Identification Number:	
Legal Physical Address: (Where the business is located. Do not provide a mailing address)	201 Main Street Hemphill, TX 75948
Does the company have Trade or Doing Business As (DBA) name(s)?	☐ Yes ☒ No
If Yes, provide only the Trade or DBA(s) that are applicable to your relationship with U.S. Bank:	
Provide the DBA address(es) if it is different than the company address:	

Section B: Exempt Entities – Do any of the below business types apply to your business?

- Please select the business type that applies to the business captured in Section A.

If the company is a subsidiary of a Public Body or Publicly Traded Entity and has its own financials, complete the entire form, supply formation documents and the most recent organization chart.

- ☐ Is your business a U.S. Department or Agency, including Indian Tribal Government, or was it formed under an interstate compact between two or more states?
- ☒ U.S. Political Subdivision (Local Government Entity)
- ☐ Financial institution that is regulated by a Federal or State Regulator:
- ☐ Any entity established under an interstate compact, including Indian Tribal Governmental Entities
- ☐ An entity that is listed on the New York, NYSE Market LLC, or NASDAQ stock exchanges – this only applies to U.S. operations
- ☐ Subsidiary of a Publicly Traded parent listed on NYSE, NYSE MKT LLC, or NASDAQ stock exchanges*. This only applies to U.S. operations and U.S. entities where equity of 51% or more is held by a U.S. listed entity. *Excludes subsidiaries and entities listed under NASDAQ Capital Market (Nasdaq-CM) Companies

Name of Exchange: _____ Ticker Symbol: _____

Section C: Standard Due Diligence Questions

1	What is the nature of your business? (What products or services do you supply?) • Include NAICS if known	County Government
2	Does your business operate in the hemp industry? (If yes supply USDA License, or State/Tribal Government License along with this form)	☐ Yes ☒ No
3	What is the legal structure of your business? (e.g., Corporation, Limited Partnership/LLP, Not-for-Profit Organization, LLC, Single Member LLC, Partnership, Sole Proprietor, Government)	Government
4	What is the company's country of formation?	United States of America
5	What is the country of primary business operations for the company?	United States of America
6	Does the company provide any of the following services to your customers? If Yes, which service?	
	• check cashing services	☐ Yes ☒ No
	• issue or cash travelers checks or money orders	☐ Yes ☒ No
	• provide money transmission or foreign exchange services	☐ Yes ☒ No
	• offer prepaid cards	☐ Yes ☒ No
7	What is the company's estimated or projected annual revenue/budget (USD)? (If none, please indicate with \$0. None and N/A are not allowed.)	\$ 8,200,000

Section D: Authorized Signer

- One individual is required, additional individuals are optional.

Full Legal Name		Provide <u>one</u> of the following sets of items: Date of Birth (mm/dd/yyyy), OR Physical Residential Address (preferred) OR Business Address OR SSN/ITIN/Foreign ID (A copy of the non-expired foreign ID is required along with this form)
1	Tricia Woods Jacks	02/08/1971
	☐ No middle name	
2		
	☐ No middle name	

Section E: Control of Public Funds (Government Entities Only)

- Applicable law requires U.S. Bank to retain information regarding the individual, full legal name, and title who has control over public funds, which in this case includes credit balances on the card accounts. Control of public funds includes possession of, as well as authority to establish, accounts for such funds in a bank and to make deposits, withdrawals, and disbursements or to direct these activities.
- Individuals listed in Section D can also be listed in Section E if applicable

What is the authority type over the public funds?		☒ Independent Authority (Requires action or consent of only one official custodian) - One individual is required to be listed below; additional individuals are optional) ☐ Dependent Authority (Requires action or consent of two or more official custodians.) - At least two individuals are required to be listed
Full Legal Name (First, Middle, Last)		Title – acceptable titles include Chairman, CEO, CFO, City Manager, Comptroller, Director of Administration & Finance, Director of Fiscal Services, District Superintendent, Executive Director, Finance Director, General Manager, Governing Board President, Mayor, President, Superintendent, Treasurer
1	Tricia Woods Jacks ☐ No middle name	Sabine County Treasurer
2	 ☐ No middle name	

Section F: Certification by Authorized Signer

This section must be completed by an appropriate individual with the authorization of the Customer provided in Section A at the top of this form, e.g., the secretary or other officer, a member or manager of an LLC, partner of a partnership, business owner, Chief Executive Officer (CEO), controller, Chief Operating Officer (COO), Chief Financial Officer (CFO).

I, an Authorized Officer of the company name listed in Section A above, hereby attest that all information supplied on this form and/or any documentation supplied as requested in this form is true and accurate to the best of my knowledge.

Printed Full Legal Name ☐ No middle name	Tricia Woods Jacks
Title:	Sabine County Treasurer
Date:	10/08/2025
E-mail Address	treasurer@co.sabine.tx.us
Signature:	<i>Tricia W Jacks</i>



Reset

Print

Instructions

Sections 1, 2, 3 (Name (Print) and Title) and 4 must be filled out electronically. Fill out by clicking on the fill in the blanks and type in the information. Section 3: Signature of a U.S. Person and Date must be hand-written. The form will be rejected if not filled out correctly.

Return completed form to U.S. Bank New Vendor Set-up via e-mail or US Postal Mail as indicated on the instruction page.

Vendor Number: _____

Section I: W-9*Must be completed and returned for payments to be processed*

1 Name (as shown on your income tax return)

County of Sabine

2 Business name/disregarded entity, if different from above

3 Address

PO Box 597

City

Hemphill

State

TX

ZIP

75948

4 Payment Remittance Address

City

State

ZIP

409-787-2210

treasurer@co.sabine.tx.us

75-6001136

5 Phone

6 Email

7 Federal Taxpayer Identification Number (TIN)*

TIN Type (Check one)

☐ Social Security Number ☒ Employer Identification Number***MUST match the name given on line 1 to avoid backup withholding**

8 Federal Tax Classification

☐ Individual/Sole Proprietorship or single-

member LLC

☐ C Corporation☐ S Corporation☐ Partnership☐ Trust/Estate☒ Other, please specify _____

10 Exemptions

Exempt payee code (if any) 3Exemption from FATCA reporting code (if any) C**(Applies to accounts maintained outside the U.S.)**

9 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P= Partnership) _____

Reference **Section 1: W-9 Information** for details regarding LLC and classification.**Section 2: Payment Options**☒ Authorization Agreement for Automatic Deposits (ACH Credits)

I (We) hereby authorize U.S. Bank, on behalf of any affiliate for which it processes payments, hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the depository/financial institution named below, hereinafter called BANK, to credit the same to such account.

treasurer@co.sabine.tx.us

sabcotreas@co.sabine.tx.us

E-mail address1 (to receive electronic remittance advices)

E-mail address2

Checking Account Information (Please attach a voided check or copy of a check with MICR coding)

111102114

0018028

BOM Bank

Routing/ABA Number

Account Number

Bank Name

Branch

Hemphill

TX

75948

409-787-3361

City

State

ZIP

Phone

☐ Check this box if you are interested in the virtual credit card option.

This authority is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonably opportunity to act on it.

Section 3: Certification**Under penalties of perjury, I certify that:**

1. The number show on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to back up withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person; and
4. The FACTA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

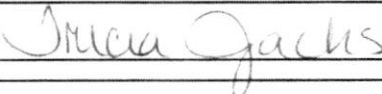
Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. An ink signature is required for this form to be processed. U.S. Bank's policy does not accept W-9 forms with electronic signatures, unless the electronic system is implemented and controlled by U.S. Bank. Please sign with an ink signature below.

Name (Print): Tricia Jacks

Title: Sabine County Treasurer

Signature of a U.S. person



Date 10/08/2025

U.S. Bank W-9 & Related Information

Section 4: MWBEs, DVBEs & DOBEs

Minority and Women Owned Business Enterprises (MWBE) - U. S. Bank is committed to building relationships with certified MWBEs, defined as companies that are at least 51 percent owned, controlled and managed by one or more of the following categories - African American, Hispanic American, Asian Pacific American, Asian Indian American, Native American, Woman. Please include a copy of certification.

Disabled Veteran Business Enterprise (DVBE) - The law defines a disabled veteran as a United States military, naval or air service veteran with a service related disability of at least 10 percent. Please include a copy of certification.

Disabled Owned Business Enterprise (DOBE) - A disabled-owned business is a business that is at least 51 percent owned, controlled and operated by an individual or individuals who are disabled. Please include a copy of certification.

Section 4: MWBE, DVBE & DOBE

Is your company certified as a minority/ woman owned business?

☒ No ☐ Yes (if yes, a copy of your minority/woman owned certification MUST BE INCLUDED)

MWBE Business Status (check all that apply):

☐ African American

☐ Asian Pacific American

☐ Native American

☐ Hispanic American

☐ Asian Indian American

☐ Woman

Is your company certified as a Disabled Veteran Business Enterprise?

☒ No ☐ Yes (if yes, a copy of your DVBE certification MUST BE INCLUDED)

Is your company certified as a Disabled Owned Business Enterprise?

☒ No ☐ Yes (if yes, a copy of your DOBE certification MUST BE INCLUDED)

This will certify to U.S. Bank that I have read the requirements cited on this form, and the company classification(s) I have selected above are true and correct. I will advise U.S. Bank if our classification should change.

U.S. Bank W-9 & Related Information

Form instructions

Vendor Number: To be completed by U.S. Bank's Corporate Payables department.

Section 1: W-9 information

U.S. Bank requires your taxpayer identification number (TIN) to report on an information return the amount paid to you, or other income reportable on an information return. Please complete Section 1 in its entirety. A federal tax classification *must* be selected. If exemptions from backup withholding (exempt payee codes) or Foreign Account Tax Compliance Act (FATCA) reporting (FATCA reporting codes) apply to you, please ensure that the exemption code is entered. The FATCA reporting code is only for vendor invoices originated outside the U.S.

Exempt payee codes:

- 1 – An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 – The United States or any of its agencies or instrumentalities
- 3 – A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4 – A foreign government or any of its political subdivisions, agencies or instrumentalities
- 5 – A corporation
- 6 – A dealer in securities or commodities required to register in the United States, District of Columbia, or a possession of the United States
- 7 – A futures in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 8 – A real estate investment trust
- 9 – An entity registered at all times during the tax year under the investment Company Act of 1940
- 10 – A common trust operated by a bank under section 584(a)
- 11 – A financial institution
- 12 – A middleman known in the investment community as a nominee or custodian
- 13 – A trust exempt from tax under section 664 or described in section 4947

Exemption from FATCA reporting code:

- A – An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B – The United States or any of its agencies or instrumentalities
- C – A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D – A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E – A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F – A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G – A real estate investment trust
- H – A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I – A common trust fund as defined in section 584(a)
- J – A bank as defined in section 581
- K – A broker
- L – A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M – A tax exempt trust under a section 403(b) plan or section 457(g) plan

For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported.

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3. For a single-member owner, check the appropriate box for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box or the tax classification of its owner.

If the entity/person on line 1 is a(n)....	THEN check the box for...
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification (P=Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Section 2: Payment Options

ACH will allow U.S. Bank to pay you (vendor) through an automated electronic deposit into your preferred checking/savings account. Please acquire your routing number and account number from a check (not from a deposit slip). A virtual credit card options is also available should you already be a Visa acceptor. A remittance advice detailing the invoice number(s), date and dollar amount will be sent to you via e-mail (if provided) or by mail when the electronic payment has been sent to your account. If you are interested in the virtual credit card, contact us for more information at corporatepayablesnewvendorgroup@usbank.com.

Submission

Please submit the completed form to Corporate Payables New Vendor Group. U.S. Bank will not process pending invoices or Expense Check Requisitions without a properly completed W-9 form on file.

E-mail CorporatePayablesNewVendorGroup@usbank.com



Corporate Payables
(Phone) 855-267-7729
Corporatepayablesnewvendorgroup@usbank.com

Effective 04/2021



COOPERATIVE PURCHASING MEMBER ADDENDUM
(Commercial Charge Card Services)

This Cooperative Purchasing Member Addendum (Commercial Charge Card Services) ("**Addendum**") is entered into by **County of Sabine**, organized under the laws of the State of Texas ("**Participant**"), and U.S. Bank. This Addendum shall become effective upon signing by both parties.

RECITALS

- A. The State of Texas ("**Customer**") and U.S. Bank entered into the Commercial Account Agreement 946M4 for Commercial Charge Card Services dated May 15, 2025 (as the same may be modified, amended or amended and restated from time to time, the "**Agreement**");
- B. Participant desires to participate as a "Participant" under the Program and Agreement, with sole liability its own obligations it may incur under the Program and Agreement; and
- C. U.S. Bank has agreed to allow Participant to be bound under the Agreement and participate in the Program as a "Participant".

Now, therefore, for and in consideration of the mutual promises contained in this Addendum and other good and valuable consideration, the receipt and sufficiency of which is acknowledged, Participant and U.S. Bank agree as follows:

1. Product Selection.

Please select one or more products		
☐ Corporate Travel & Expense Accounts	☐ Purchasing Accounts	☒ One Card Accounts
☐ Corporate Liability ☐ Joint and Several Liability	Only Corporate Liability	Only Corporate Liability
Benefits*	Benefits*	Benefits*
Card Network benefits plus U.S. Bank supplemental common carrier travel accident benefits • \$500,000 Standard Account • \$1,000,000 Executive Account	Card Network benefits	Card Network benefits plus U.S. Bank supplemental common carrier travel accident benefits • \$250,000 Standard Account • \$1,000,000 Executive Account
Optional Enhancements	Optional Enhancements	Optional Enhancements
Virtual Pay Event Planner account** Managed Spend account** Executive account Executive Platinum account FlexPerks rewards account Central Billing account**	Virtual Pay Event Planner account Managed Spend account Central Billing account	Virtual Pay Event Planner account Managed Spend account Executive account Executive Platinum account FlexPerks rewards account Central Billing account

* Benefits and protections offered by the Card Networks are established by the Card Networks outside of the control of U.S. Bank and may be changed from time to time. U.S. Bank's additional benefits may be changed from time to time. The details of such programs are outlined in brochures separately provided to Account holders.

**Available only for Corporate Liability.

2. **DEFINITIONS.** Unless otherwise stated in this Addendum, all capitalized terms shall have the same meaning as set forth in the Agreement.
3. **DESIGNATION.** Participant is hereby designated as a "Participant" under the Agreement, and upon U.S. Bank's execution of this Addendum (after completing its necessary due diligence) Participant shall be deemed a "Participant" thereunder. U.S. Bank will take direction from such Participant in the issuing of Accounts (or the suspension of Accounts issued at Participant's direction). This Addendum shall be considered a "Participant Agreement" for purposes of the Agreement.
4. **PARTICIPANT REPRESENTATIONS, WARRANTIES AND COVENANTS.** Participant
 - 4.1. Represents and warrants that it has received a copy of the Agreement;
 - 4.2. Represents that it is a valid Cooperative Purchasing Member as defined by the State of Texas;
 - 4.3. Represents and warrants that as of the date hereof that each of the representations and warranties made by Customer in the Agreement to U.S. Bank can be made by Participant without breach on the date hereof;
 - 4.4. Represents and warrants that all financial and other information provided to U.S. Bank by or about Participant is true and correct;
 - 4.5. Agrees to comply with and be bound by the terms and conditions of the Agreement, including any future amendment regardless of whether Participant has received notice of such amendment;
 - 4.6. Agrees it is liable for its own performance of the terms and conditions of the Agreement (including as it may be amended from time to time) as if Participant signed the Agreement, including for all obligations incurred by it or by any party issued an Account at its direction, but shall not be liable for any obligations incurred by Customer or any other participants; and
 - 4.7. Agrees that it may not assign or transfer its rights under this Addendum or the Agreement without the express consent of U.S. Bank.
5. **LIABILITY FOR PARTICIPANT'S PERFORMANCE AND OBLIGATIONS.** Participant agrees that it shall be solely liable for its performance of the terms and conditions of the Agreement and this Addendum. Customer shall have no liability for any obligations incurred under the Program by Participant and any Account holder designated by such Participant.
6. **NOTICES.** The notice address for Participant is:

Participant:

County of Sabine

PO Box 597

Hemphill, TX 75948

Attn: Tricia Jacks

7. **CHANGE OF CONTROL.** Participant shall immediately notify U.S. Bank in writing of the occurrence of any event concerning Participant that (i) would prevent Participant from making the representations and warranties contained in section 3 at such time or (ii) results in a change of the legal name of such Participant. Participant shall promptly provide such additional details as reasonably requested by U.S. Bank regarding such event. At the election of U.S. Bank, the rights of Participant to be designated a "Participant" under the Agreement may be revoked based upon the notification provided by pursuant to section 6(i) and this Addendum shall terminate.
8. **REBATE PAYMENT REGISTRATION.** Customer shall register to receive rebate payments in the manner prescribed by Bank. Bank will not make any rebate payments until Customer has registered to receive payment. If Customer fails to register by the completion of a Rebate Period, Customer forfeits any payment for that Rebate Period. Customer designates the following person to register Customer:

Rebate Payment Registration	
a) Authorized Person's Name	Tricia Jacks
b) Authorized Person's Email Address	treasurer@co.sabine.tx.us

9. **BINDING AGREEMENT.** The representations, warranties and covenants of Participant in this Addendum constitute valid, binding and enforceable agreements of Participant. The execution of this Addendum and the performance of the obligations hereunder are within the power of Participant, have been authorized by all necessary action and do not constitute a breach of any agreement to which Participant is a party or is bound. Participant represents and warrants that this transaction is within the scope of the normal course of business and does not require further authorization for Participant to be duly bound by this Addendum.
10. **BREACH; CONTINUATION.** Any breach by Participant of the terms of this Addendum or of the terms of the Agreement shall be a default under this Addendum permitting U.S. Bank to (i) exercise against Participant all rights and remedies available under the Agreement based upon such default and (ii) terminate this Addendum. The expiration or termination of the Agreement as to Customer or any other participant shall not terminate the Agreement as incorporated into this Addendum and such Agreement shall continue as to Participant for all purposes. However, upon such expiration or termination of the Agreement as to Customer, either U.S. Bank or Participant may at any time terminate this Addendum upon thirty (30) days' prior written notice to the other party.
11. **RATIFICATION; AMENDMENT.** Participant acknowledges that U.S. Bank and Customer may from time to time enter into amendments of the Agreement. No such amendments shall require the consent of Participant and Participant shall be bound by the terms contained in any such amendments. Customer, and not U.S. Bank, shall have the sole responsibility of informing Participant of any such amendments. The failure of Customer to so inform Participant of any amendment shall not provide a defense to Participant against U.S. Bank's enforcement of the Agreement (as amended) or this Addendum against Participant.

12. AUTHORIZATION AND EXECUTION. This Addendum may be executed in several counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same document. This Addendum may be executed and delivered by the parties electronically, and fully executed electronic versions of this Addendum, or reproductions thereof, will be deemed to be original counterparts.

Each signatory represents and warrants that (i) such signer is authorized by an applicable authority to enter into all transactions contemplated by this Addendum, and (ii) the signatures appearing on all supporting documents of authority are authentic.

PARTICIPANT

DATE: 10/14/2025

County of Sabine

Legal Name of Participant

Tricia Jacks

(Signature of Authorized Individual)

Tricia Jacks

(Printed Name of Authorized Individual)

Sabine County Treasurer

(Printed Title of Authorized Individual)

U.S. BANK

DATE:

U.S. Bank National Association