AUTHORIZED SIGNER(S) CERTIFICATE

I, Beth Adkins, a duly elected acting School Board Member (President) of Millsap Independent School District, a Texas Municipality, do hereby certify that the following has/have been appointed as (an) Authorized Signer(s), at the date hereof, and are authorized to act on behalf of the above Institution in matters relating to bond issues and accounts.

I also certify that the signatures opposite their names are the signatures of such individuals.

Name (First, middle [as applicable], last)	Title (list multiple titles if applicable)	Contact Information	Specimen Signature
James (Jimmy) Steen	Director of Finance	940-274-2604 jsteen@millsapisd.net	

Call Back Designee(s) Only, if applicable (To be called first for any required payment instruction verification):

Name (First, middle [as applicable], last)	Title (list multiple titles if applicable)	Contact Information
Harper Stewart	Superintendent	940-274-2605 hstewart@millsapisd.net

Witness my signature on this 27th of July, 2026.

_____

(Signature of Authorizing Person)

(Note: If there are multiple individuals identified as Authorized Signers, one of those same individuals may execute the form as the "Authorizing Person". If there is a single individual named as an Authorized Signer, the "Authorizing Person" must be an individual that is not the named Authorized Signer.)

BANK USE ONLY

Notification Type:	☐ **Origination / Onboarding** ☐ **Certificate Update**
Individual Sending Instruction/Certificate/Request (external):	**Name**: _____
Name and Phone Number used for Call Back (external): ***Cannot** be the person **sending** the instruction/certificate/request.	**Name:** _____ **Phone Number:** _____
Source of On File Phone Number used:	**Source:** _____
Date and Time Call Back Completed:	**Date:** _____ **Time:** _____
Name of Employee Receiving Request:	**Name:** _____
Name of Employee Completing Call Back: **(other than recipient of request)**	**Name:** _____