



New York State Correctional Officers & Police Benevolent Association, Inc.

102 Hackett Blvd. - Albany, NY 12209
(518) 427-1551 www.nyscopba.org nyscopba@nyscopba.org



TO: All Chief Sector Stewards
Sector Treasurers

FROM: John Telisky, Treasurer

A handwritten signature in black ink, appearing to be "J. Telisky", written over the name in the "FROM" field.

RE: Sector Bank Accounts

DATE: July 26, 2007

Please **DO NOT** go to your local banks to change signature cards or sector funding agreements for your sector accounts. I have attached the proper forms you need to complete and mail back to NYSCOPBA headquarters.

All forms should be sent to:

NYSCOPBA
Attn: Katy Premo
102 Hackett Blvd.
Albany, NY 12209

If you have any questions, please feel free to contact me directly at 888-484-7279 or Katy Premo at 888-484-7279, Ext. 237.

Thank you for your cooperation.

JT/sac

Enc.

cc: Katy Premo, Accounting Dept.
Patty Cahill, Accounting Dept.



New York State Correctional Officers & Police Benevolent Association

102 Hackett Blvd. - Albany, NY 12209
(518) 427-1551 ext 240 www.nyscopba.org jtelisky@nyscopba.org



SECTOR FUNDING AGREEMENT

WHENEVER THERE ARE CHANGES IN CHIEF SECTOR STEWARD OR SECTOR TREASURER, THIS FORM MUST BE COMPLETED, NOTARIZED & SUBMITTED WITH UPDATED KEY BANK BUSINESS NON-PERSONAL SIGNATURE CARD. Please send to above address to the attention of Katy Premo. Any questions (or if you need a copy of the Procedures), please call (518) 427-1551 or (888) 484-7279 ext 237.

We, the undersigned, in recognizing our responsibility to the membership of the Association, agree that all funds in our Sector Treasury will be expended on legitimate union activity. The following is a list of legitimate union expenditures in accordance with the Central Treasury Funding Policy. The Sector Funds Reimbursement Procedures gives the details of these expenditures and we acknowledge receipt of the procedures booklet.

- 1. telephone bills
2. postage
3. office expenditures (\$75 monthly max OR Purchase Order submitted prior to purchase)
4. Sector meeting expenditures (food, refreshments, union hall rental)
5. automobile mileage
6. lodging
7. overnight per diem (\$44 paid only when accompanied by a lodging receipt)
8. parking and tolls
9. bereavement (max. \$75 floral arrangement, including tax/delivery - OR - max. \$50 donation to charitable organization)
10. savings bonds for birth of member's baby (\$25 cost for \$50 bond)
11. floral or fruit basket for hospitalized member (max. \$75, including tax/delivery)
12. NYSCOPBA member memorial expenditure (\$150 max floral, fruit basket OR donation)

All checks drawn from the Sector checking account will require two signatures. The signature of the Chief Sector Steward and the Sector Treasurer must be listed on the bank signature card; Other Stewards may be added as additional signatories. A copy of the bank signature card designating signatories will be forwarded to the NYSCOPBA Treasurer any time changes are made. Further, we understand that in order to be reimbursed by the Association for such expenditures, we must submit a Monthly Sector Reimbursement Form with all documentation, including original receipts, to the NYSCOPBA Treasurer.

CHIEF SECTOR STEWARD
ADDRESS
TELEPHONE NUMBER
NOTARY PUBLIC

SECTOR TREASURER
ADDRESS
TELEPHONE NUMBER
SECTOR NAME

We request that Sector Reimbursement correspondence be sent to: (Please check one box)
[] the Chief Sector Steward
[] the Sector Treasurer



Business Non-Personal Signature Card

Legal Title of Account NYS Correctional Officers & Police Benevolent Assoc., Inc.		Br. No.	Account Number
Sector Master Checking		Funds Owner Code	Sub. Prod Type
Statement Mailing Address 102 Hackett Blvd.		Source of Funds	Sector Name
		Sub Funds Owner Code	Sector Number

City Albany	State NY	Zip Code 12209	Phone Number 518-427-1551
Opened Date	Opening Deposit .00	Opened By	Officer Code
			Branch Phone Number ()

Signer's Name (Please print)	Title	Social Security #	Signature

KeyBank National Association, hereinafter the "Bank", is authorized to recognize any of the signatures subscribed above for the transaction of any business for this Account in connection with funds belonging to the Entity to whom this Account is titled (the "Entity"). The undersigned acknowledge(s) receipt of a copy of the Deposit Account Agreement and Disclosures governing this Account.

It is agreed that all transactions on this Account shall be subject to the existing Deposit Account Agreement and Disclosures as well as any amendments thereto hereafter made. By executing this signature card, each signer shall be bound by the terms and conditions of said Deposit Account Agreement and Disclosures. It is further agreed that the Bank may conclusively assume that the authority of each signer shall continue as such until receipt by the Bank of written notice to the contrary, consistent with the authority designated by the corporate or non-corporate depository certificate or resolution on file, such notice to be given to each office of the Bank in which this Account is maintained. Until such notice is actually received, the authority conferred herein to the above noted signatories shall remain in full force and effect and the Bank shall be indemnified and saved harmless from any loss suffered or liability incurred by it in continuing to act in pursuance of this signature card.

I certify that the above are the true and genuine signatures of authorized signer(s) with their respective title, authorized to sign for the Entity.

Under penalties of perjury, the undersigned certifies that 1) the number shown on this form is the Entity's correct taxpayer or employer identification number (or the Entity is waiting for a number to be issued), and 2) the Entity is not subject to backup withholding because: (a) the Entity is exempt from backup withholding, or (b) the Entity has not been notified by the Internal Revenue Service 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 Entity that it is no longer subject to backup withholding.

The undersigned must cross out item (2) above if the Entity has been notified by the IRS that it is currently subject to backup withholding because of under-reporting interest or dividends on its tax return.
Tax Identification Number _____

Refer to the list of payees exempt from backup withholding and for which no information reporting is required. If this entity is exempt from backup withholding and information reporting under IRS regulations, enter your correct TIN in the previous section and check here:

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

IN WITNESS WHEREOF, I have set my hand at _____ this _____ day of _____, 19____
CITY STATE
By _____ Signature _____ Title _____

ID/COMMENTS

For Bank Use Only	New Account Verification	Type Of Account	Status
Verified By _____	Waived By _____	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Corp.
Chex systems _____	_____	<input type="checkbox"/> Money Market Checking	<input type="checkbox"/> Corp. Non-profit
Phone number _____	_____	<input type="checkbox"/> Money Market Savings	<input type="checkbox"/> Sole Prop
Other _____	_____	<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Partnership
			<input type="checkbox"/> Org./Assoc.
			<input type="checkbox"/> Public Funds

Certificate or Resolution Field **Check One**
Date _____ Location _____ Sig. Reg.: _____ New Chg. of signers Effective Date _____