Purchase Change Request

Marshall University
Office of Purchasing
One John Marshall Drive
Huntington, WV 25755-4100

Order # MU20ATM co5

FY	Buyer	Date	Account	P.O. Date	Contract
26	LL	10/17/25	Varies	08/31/2020	MU20ATM

Document
- ☐ Requisition (Cancellation only)
- ☐ Regular Purchase Order
- ☐ Contract Purchase Order
- ☑ Open End Contract Purchase
- ☐ Agreement

Document Action
- ☐ Cancellation
- ☐ Increase/Decrease
- ☐ Unused Balance
- ☐ Freight
- ☑ Renewal
- ☐ Extension Error
- ☐ Error in Total Amount
- ☐ Change of Account
- ☐ Change of Vendor Name/Address
- ☐ Other

Vendor Name, Address, Phone #, etc.

Vendor Code 000000199910

United Bank
517 9th Street
Huntington, WV 25701

Ph# 304-781-2379 Fax FEIN# 550641179

BOG Unit Name & Address
Marshall University
Office of Purchasing
One John Marshall Drive
Huntington, WV 25755-4100

Item#	Quantity	Description of Change	Unit Price	Extended Price
		Change Order # 5 To amend the original contract according to all terms, conditions, prices, and specifications contract in the original contract and all approved change orders. 1. Renewal Renewal Term: 09/01/2025 - 08/31/2026 Renewal: 5 of 9 Renewals Remaining: Four (4) one-year renewals Vendor Contact: Emily Bartram | Emily.Bartram@bankwithunited.com		

Reason for Change: 1. Renewal

Previous Total	$	Open-End
Increase	$	-
Decrease	$	-
New Total	$	Open-End

Approved: Michelle M. Reeder — October 17, 2025
Authorized Signature — Date

N/A
Attorney General **if** required — Date

MARSHALL UNIVERSITY.
www.marshall.edu

Office of Purchasing

Renewal Letter

October 13, 2025

VIA ELECTRONIC MAIL ONLY: andrew.dawson@bankwithunited.com

Mr. Andrew Dawson
United Bank
517 9th Street
Huntington, WV 25701

Re: Contract Renewal for MU20ATM

Dear Mr. Dawson,

The above-mentioned contract expired on *August 31, 2025.* There is a provision for an extension/renewal upon written mutual agreement of the parties.

Please annotate on the bottom of this letter, with your signature and date, if you agree to an emergency extension/renewal of the contract, effective *September 1, 2025*, through *August 31, 2026*, under the same terms and conditions as the original contract including all approved change orders.

Please return the executed letter via email at your earliest convenience.

If you have any questions, please feel free to contact me at lemonl@marshall.edu.

Sincerely,

Leeann Lemon
Contract Specialist

I agree to the current ***MU20ATM*** for an additional one (1) year period under the same terms and conditions as the original contract.

✓ Yes _____ No

_____**Yes, subject to the following changes indicated below or in the attached letter.**

Signature 10/15/25 Date

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: United Bank

Authorized Signature: _____ Date: 10/15/25

State of West Virginia

County of Cabell, to-wit:

Taken, subscribed, and sworn to before me this 15 day of October, 2025.

My Commission expires Sept 26, 2027.

AFFIX SEAL HERE

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF WEST VIRGINIA
THERESA CHAPMAN
UNITED BANK
517 NINTH STREET
HUNTINGTON, WV 25701
My Commission Expires September 26, 2027

NOTARY PUBLIC Theresa Chapman

WV-73
Approved / April 30, 2020

State of West Virginia
DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT
***West Virginia Code* §21-1D-5**

I, Emily Bartram, after being first duly sworn, depose and state as follows:

1. I am an employee of United Bank (Company Name); and,

2. I do hereby attest that United Bank (Company Name)

maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with ***West Virginia Code*** §21-1D.

The above statements are sworn to under the penalty of perjury.

Printed Name: Emily Bartram

Signature: [signature]

Title: Market President

Company Name: United Bank

Date: 10/15/25

STATE OF WEST VIRGINIA,

COUNTY OF Cabell, TO-WIT:

Taken, subscribed and sworn to before me this 15 day of October, 2025.

By Commission expires Sept 26, 2027

(Seal)

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF WEST VIRGINIA
THERESA CHAPMAN
UNITED BANK
517 NINTH STREET
HUNTINGTON, WV 25701
My Commission Expires September 26, 2027

Theresa Chapman
(Notary Public)

Rev. July 7, 2017

WV-72
Approved / Revised 08/01/15

State of West Virginia
Purchasing Division

CERTIFIED DRUG-FREE WORKPLACE REPORT COVERSHEET

In accordance with ***West Virginia Code*** § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. That report must include each of the items identified below in the Required Report Content section.

Instructions: Vendor should complete this coversheet, attach it to the required report, and submit it to the appropriate location as follows: For contracts more than $25,000, the report should be mailed to the West Virginia Purchasing Division at 2019 Washington Street East, Charleston, WV 25305. For contracts of $25,000 or less, the vendor should mail the report to the public authority issuing the contract.

Contract Identification:

Contract Number: _____

Contract Purpose: _____

Agency Requesting Work: _____

Required Report Content: The attached report must include each of the items listed below. The vendor should check each box as an indication that the required information has been included in the attached report.

- ☐ Information indicating the education and training service to the requirements of ***West Virginia Code*** § 21-1D-5 was provided;
- ☐ Name of the laboratory certified by the United States Department of Health and Human Services or its successor that performs the drug tests;
- ☐ Average number of employees in connection with the construction on the public improvement;
- ☐ Drug test results for the following categories including the number of positive tests and the number of negative tests: (A) Pre-employment and new hires; (B) Reasonable suspicion; (C) Post-accident; and (D) Random.

Vendor Contact Information:

Vendor Name: United Bank

Vendor Address: 517 9th Ave.
Huntington WV 25701

Vendor Telephone: 304-781-2379

Vendor Fax: "

Vendor E-Mail: emily.bartram@bankwithunited.com

Vendor/Customer

Menu

Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
000000199910	UNITED BANK		Active	Active	

From 1 to 1 of 1 First Prev Next Last Attachments

Save Undo Delete Insert Copy Paste Search

General Info

Vendor/Customer : 000000199910
Legal Name : UNITED BANK
Alias/DBA :
Vendor Active Status : Active
Vendor Approval Status : Complete
Customer Active Status : Active
Customer Approval Status : Complete
Location Name :
First Name :
Middle Name :
Last Name :
Company Name : UNITED BANK
Previous Name :
Previous Street :
Previous City :
Previous State/Province :
Previous Country :

Restrict Use by Department :
Miscellaneous Account :
Internal Account :
Third Party Only :
Third Party Vendor :
Third Party Customer :
Inventory Customer :
Healthcare Provider :
Never Archive :
Restrict VSS Access : No
Discontinue - No New Business :
Prevent MA Reference :
PunchOut Enabled :
Re-PunchOut Enabled :
Electronic Order Enabled :
W-9 Received :
W-9 Received Date :
W-8 Received :
W-8 Received Date :
Accepts Credit Cards :
Active From : 01/11/1989
Active To :
Last Usage Date : 10/16/2025
Department :
Unit :

Headquarters

Organization

Disbursement Options

Prenote/EFT

Remittance Advice

Vendor Terms

Accounts Receivable

eMALL

Location Information

Fee and Vendor Compliance Holds

Fee Exempt :
Registration Application Date : 08/15/2024
Registration Effective Date : 08/19/2024
Registration Expiration Date : 08/19/2025
Pre-Registration Code :

Tax Clearance :
Unemployment Insurance :
Worker's Compensation :
Secretary of State Registration :
Federal Debarred :

Executive Compensation

Additional Information

Travel

Change Management

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CREATE DOCUMENT> Create New Record Modify Existing Record

UPDATE> Headquarters Add 1099 Information Entry Add 1042-S Reporting Information Entry Vendor Business Types By Commodity

SEARCH BY> Master Contacts Master Addresses Vendor Commodity Vendor Addresses Vendor Business Types Vendor Service Areas VCM Query Historical Vendor Information Vendor Notes

Vendor Transaction History