

1 Introduced June 26, 2018 by Councilman
2 Cusimano, seconded by Councilwoman
3 Harbison, (by request of Administration)

4 **RESOLUTION R18-08**

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6 A resolution designating authorized signatures for the purpose of check
7 writing for the City of Slidell.

8 WHEREAS, in order to carry on the operation of City government, it is
9
10 necessary to designate authority to sign for the withdrawal of monies from the City
11 Treasury through its various checking accounts.

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13 NOW THEREFORE BE IT RESOLVED by the Slidell City Council that the
14 Council President is hereby authorized to approve the attached Resolution of a State or
15 Local Government Operating Under Authority of a Board, Council or Other Type Governing
16 Body.
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19 BE IT FURTHER RESOLVED by the Slidell City Council that effective July 1,
20 2018, any two (2) of the following people or the Mayor's facsimile are hereby authorized to
21 sign checks necessary for the withdrawal of funds from the City Treasury, and all other
22 prior designations are hereby rescinded:
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26 G. Greg Cromer Mary Swann
27 John Welborn Julia Marcev
28 David L. Anderson, Jr. Mildred E. Troutwine
29 Erin Ruffin
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34 BE IT FINALLY RESOLVED by the Slidell City Council that each person
35 listed above is hereby authorized to sign the Master Signature Card for Depository
36 Accounts, attached hereto.
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2 **RESOLUTION R18-08**
3 **PAGE 2**

4 **ADOPTED** this 26th day of June, 2018.

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8 Landon Cusimano
9 President of the Council
10 Councilman at-Large

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12 Thomas P. Reeves
13 Council Administrator
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RESOLUTION OF A STATE OR LOCAL GOVERNMENT OPERATING UNDER AUTHORITY OF A BOARD, COUNCIL OR OTHER TYPE GOVERNING BODY

Whitney Bank, also dba Name: City of Slidell
Hancock Bank Address: P O Box 828
City, State and ZIP: Slidell, LA

- A. We, the undersigned, certify that: we are the President and Secretary/Clerk of the above-named State or Local Government (hereinafter referred to as the "Governing Authority") duly created, organized, and operating under the Constitution and Laws of the State of LA, Federal Employer ID Number 72-6001341, and; that the following is a true, correct, and certified copy of a resolution adopted at a meeting of the Governing Authority, properly called and duly held on _____ and; that this resolution has been properly entered into the minutes of the Governing Authority, having not been modified or rescinded.
- B. To be resolved that:
- (1) The Financial Institution named above is designated as a depository for the funds of this Governing Authority;
 - (2) This resolution shall continue to have effect until express written notice of its recession, modification, or cancellation has been received and recorded by this Financial Institution;
 - (3) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Governing Authority with this Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed;
 - (4) Any of the persons named below, so long as they are acting in a representative capacity as agents of the Governing Authority, are authorized to make any and all contracts, agreements, stipulations and orders which they may deem advisable and necessary to open an Account(s) with the Financial Institution and for the effective exercise of powers over said account(s) for the transacting of all business concerning funds deposited in, moneys borrowed from, or other business transacted by and between this Governing Authority and said Financial Institution and; to endorse checks and orders for the payment of moneys and withdrawal of funds on deposit with this Financial Institution, subject to any restriction(s) stated below. The Governing Authority agrees to, shall be bound by, and otherwise be liable for, the terms and conditions of all such contracts, agreements, stipulations and orders. It shall be the responsibility of the Governing Authority to provide written notice to this Financial Institution should the authority of any of the agents it has so authorized to transact business on its behalf has been terminated. This Financial Institution shall incur no liability for acting in good faith upon the representations of said agents until such notice is properly given;
 - (5) Any and all prior resolutions adopted by this governing authority and certified to this Financial Institution as governing the operation of the Governing Authority's account(s), are in full force and effect, unless supplemented or modified by this authorization;
 - (6) The Governing Authority agrees to the terms and conditions of any account agreement, properly opened by any authorized representative of the Governing Authority and authorizes the Financial Institution named above, at any time, to charge the Governing Authority for all checks, drafts, or other orders, for the payment of moneys, drawn on the Financial Institution;
- C. Each person named below (name and title) is authorized to exercise the powers granted herein on all accounts opened under this Agreement and accompanying Master Signature Card on behalf of the Governing Authority:
- G. G. Cromer Julia Marcev
John Welborn Mildred E. Troutwine
David L. Anderson, Jr.
Erin Ruffin
Mary Swann
- D. I further certify that the Governing Authority has, and at the time of adoption of this resolution did have, full power and lawful authority to adopt the foregoing resolution(s) and to confer the powers granted to the person(s) named herein;

IN WITNESS WHEREOF, we have hereunto affixed our signatures as of _____ (date).

President

Secretary/Clerk

Printed Name

Printed Name

**MASTER SIGNATURE CARD FOR DEPOSITORY ACCOUNTS ANNEXED TO
AND MADE PART OF THE RESOLUTION OF A STATE OR LOCAL
GOVERNMENT OPERATING UNDER AUTHORITY OF A BOARD, COUNCIL OR
OTHER TYPE GOVERNING BODY**

Customer Information:

Select One: New Account Update (Add/Delete) Signers Supersede Existing Signature Card

Governing Authority Name/

Customer Name: City of Slidell

Address: P O Box 828 City, State, ZIP: Slidell, LA 70459

Phone Number: (985) 646-4319 Tax ID Number: 72-6001341

The undersigned certifies to Bank that (1) he/she is authorized to sign this Master Signature Card For Depository Accounts ("Signature Card") on behalf of Customer that are listed on Exhibit A (hereinafter referred to as Listed Accounts) and certifies that all statements made on this Signature Card are correct and in accordance with Customer's internal account authorization, organizational and governing documents; (2) each signature presented on this Signature Card is the signature of the named person, who is authorized to sign and otherwise act on behalf of Customer and all Listed Accounts with respect to the accounts listed in this Signature Card. The Customer on its behalf and on behalf of all Listed Accounts, acknowledges receipt of, and agrees to be bound by the Bank's Deposit Agreement, Terms and Conditions, as may be amended by Bank from time to time.

_____	_____	_____
Authorized Signature	Officer Title	Date
_____	_____	_____
Authorized Signature	Officer Title	Date
_____	_____	_____
Authorized Signature	Officer Title	Date
_____	_____	_____
Authorized Signature	Officer Title	Date
_____	_____	_____
Authorized Signature	Officer Title	Date

EXHIBIT A
MASTER SIGNATURE CARD FOR DEPOSITORY ACCOUNTS ANNEXED TO AND MADE PART OF
THE RESOLUTION OF A STATE OR LOCAL GOVERNMENT OPERATING UNDER AUTHORITY OF A
BOARD, COUNCIL OR OTHER TYPE GOVERNING BODY
("Listed Accounts")

Customer Name: City of Slidell

Account Subtitle	Account #
1. Property Tax Revenue	016811353
2. Sales Tax Revenue	016811361
3. Workers Comp Claims	016811728
4. CDBG	016811744
5. General Fund	016811752
6. Payroll Account	016811760
7. Investment Sweep	016811779
8. FEMA Elevation Acquisition Phase 3	016811817
9. Medical Claims BMS	016947867
10. Dental Claims BMS	016947875
11. 2010 GOB Account	044010787
12. Gilsbar Dental	044847490
13. Gilsbar Medical	044847504
14. General Liability-Trinity	044847768
15. Fremaux Economic Development District	046145809
16. Camelia Square Economic Development	046771726
17. Northshore Square Economic Development	048694028
18. 2016 GOB Account	049780408
19. UMR Medical	049781021
20. UMR Dental	049781048