

# 19-107

# RESOLUTION DESIGNATING PUBLIC DEPOSITORY AND AUTHORIZING WITHDRAWAL OF COUNTY, CITY, VILLAGE, TOWN OR SCHOOL DISTRICT MONEYS

TOWN OF RICE LAKE (Municipality), Wisconsin. Resolved, that Dairy State Bank (the "Bank"), qualified as a public depository under Ch. 34, Wis. Stats., is hereby designated as a depository in which the funds of this Municipality may from time to time be deposited; that the following described account 27350 be opened and maintained in the name of this Municipality with the Bank subject to the rules and regulations of the Bank from time to time in effect; that the agent(s) is hereby authorized, for and on behalf of this Municipality, to sign order checks as provided in Section 66.0607(3), Wisconsin Statutes, for payment or withdrawal of money from said account and to issue instructions regarding the same and to endorse for deposit, negotiation, collection or discount by Bank any and all checks, drafts, notes, bills, certificates of deposit or other instruments or orders for the payment of money owned or held by said Municipality; that the endorsement for deposit may be in writing, by stamp, or otherwise, with or without designation of signature of the agent so endorsing; and that any officer, agent or employee of this Municipality is hereby authorized to make oral or written requests of the Bank for the transfer of funds or money between accounts maintained by this Municipality at the Bank.

AGENTS Any Agent listed below, subject to any written limitations, is authorized to exercise the powers granted as indicated below:

Name and Title or Position	Signature	Facsimile Signature (if used)
A. <u>JANET TOMESH, CLERK/TREAS</u>	X <u><i>Janet Tomesh</i></u>	X _____
B. <u>MARY A DODGE, TREAS</u>	X <u><i>Mary A Dodge</i></u>	X _____
C. <u>DEAN A BOROFKA, CHAIRMAN</u>	X <u><i>Dean A Borofka</i></u>	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

POWERS GRANTED (Attach one or more Agents to each power by placing the letter corresponding to their name in the area before each power. Following each power indicate the number of Agents signatures required to exercise the power.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
<u>A, B, C</u>	(1) Exercise all of the powers listed in this resolution.	<u>2</u>
_____	(2) Open any deposit account(s) in the name of the Municipality	_____
_____	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on Deposit with this Financial Institution.	_____
_____	(4) Borrow money on behalf and in the name of the Municipality, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(6) Other _____	_____

LIMITATIONS ON POWERS The following are the Municipalities express limitations on the powers granted under this resolution. If the depository has indicated more than one signature above, it is the Depositors responsibility to implement controls to monitor multiple signatures. The Bank requires only one signature.

EFFECT ON PREVIOUS RESOLUTIONS This resolution supersedes resolution dated 05/16/2017. If not completed, all resolutions remain in effect.

### CERTIFICATION OF AUTHORITY

I further certify that the governing body of the Municipality has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the provisions on page 2 and to confer the powers granted above to the agents named who have full power and lawful authority to exercise the same.

The undersigned member of the governing body not authorized to sign checks certifies that the foregoing is a correct copy of a resolution passed as therein set forth.

X *Thomas D Field* \_\_\_\_\_

Signature

Title SUPERVISOR #1 Date 04/15/2019

### FOR FINANCIAL INSTITUTION USE ONLY

Acknowledged and received on \_\_\_\_\_ (date) by \_\_\_\_\_ (Initials) This resolution is superseded by resolution dated \_\_\_\_\_.

## IMPORTANT

Facsimile signatures are permitted on checks drawn against this account, in accordance with Section 66.0607(3), Wisconsin Statutes.

The original and one copy of this resolution is for the depository bank, and, if the treasurer is under Corporate Surety, one copy is for the Surety Company, with a copy to be retained by the local clerk.

To be countersigned by the Chief Executive Officer (County Board Chairman, City Mayor or Manager, Town Chairman, Village President, School District President).

The counter-signature on checks of the Chief Executive Officer of the county, city, village or town may be eliminated by ordinance. In such case, a copy of the ordinance, certified by the clerk, should be attached hereto.

School district order checks must carry the signatures of the clerk, treasurer and president. In school districts having 5 or more school board members, the actual signature of any board member other than the clerk or treasurer may be used in place of the president's signature.

FURTHER RESOLVED, that the Bank be and is hereby authorized and directed to honor, certify, pay and charge to any of the accounts of this Municipality, all order checks for the payment, withdrawal or transfer of funds or money deposited in these accounts or to the credit of this Municipality for whatever purpose or to whomever payable, including requests for conversion of such instruments into cash as well as for deduction from and payment of cash out of any deposit, and whether or not payable to, endorsed or negotiated by or for the credit of any persons signing such instrument or payable to or for the credit of any other officer, agent or employee of this Municipality, when signed, accepted, endorsed or approved as evidenced by original or facsimile signature by the agent(s) described in the foregoing resolution, and to honor any request(s) made in accordance with the foregoing resolution, whether written or oral, and including but not limited to, request(s) made by telephone or other electronic means, for the transfer of funds or money between accounts maintained by this Municipality at the Bank, and the Bank shall not be required or under any duty to inquire as to the circumstances of the issuance or use of any such instrument or request or the application or use of proceeds thereof.

FURTHER RESOLVED, that the Bank be and is hereby authorized to comply with any process, summons, order, injunction, execution, distraint, levy, lien, or notice of any kind (hereafter called "Process") received by or served upon the Bank, by which, in the Bank's opinion, another person or entity claims an interest in any of this account and Bank may, at its option and without liability, thereupon refuse to honor orders to pay or withdraw sums from this account and may hold the balance therein until Process is disposed of to Bank's satisfaction.

FURTHER RESOLVED, that any one of the persons holding the offices of this Municipality designated above is hereby authorized (1) to receive for and on behalf of this Municipality, securities, currency or any other property of whatever nature held by, sent to, consigned to or delivered to the Bank for the account of or for delivery to this Municipality, and to give receipt therefore, and the Bank is hereby authorized to make delivery of such property in accordance herewith, (2) to sell, transfer, endorse for sale or otherwise authorize the sale or transfer of securities or any other property of whatever nature held by, sent to, consigned to or delivered to the Bank for the account of or for delivery to this Municipality, and to receive and/or apply the proceeds of any such sale to the credit of this Municipality in any such manner as he/she/they deem(s) proper, and the Bank is hereby authorized to make a sale or transfer of any of the aforementioned property in accordance herewith, and (3) pursuant to Sect. 34.07, WI Statutes, to accept such security and to execute such documents as said officer deems proper and necessary to secure the funds of this Municipality and to issue instructions regarding the same.

FURTHER RESOLVED, that this Municipality assumes full responsibility for any and all payments made or any other actions taken by the Bank in reliance upon the signatures, including facsimiles thereof, of any agent or agents of this Municipality designated above regardless of whether or not the use of a facsimile signature was unlawful or unauthorized and regardless of by whom or by what means the purported signature or facsimile signature may have been affixed to any instrument if such signatures resemble the specimen or facsimile signatures provided to the Bank, for refusing to honor any signatures not provided to the Bank, for honoring any requests for the transfer of funds or money between accounts or for the instructions from the agents designated in the foregoing resolutions regarding security for the accounts notwithstanding any inconsistent requirements of this Municipality not expressed in the foregoing resolutions, and that this Municipality agrees to indemnify and hold harmless the Bank against any and all claims, demands, losses, costs, damages or expenses suffered or incurred by the Bank resulting from or arising out of any such payment or other action, subject to Sect. 893.80, Wisconsin Statutes.

FURTHER RESOLVED, that the Clerk of this Municipality be and hereby is authorized and directed to certify to the Bank the foregoing resolutions, that the provisions thereof are in conformity with law, the names, incumbencies and specimen or facsimile signature(s) on signature cards of the agent or agents named therein, and that the foregoing resolutions and signature cards and the authority thereby conferred shall remain in full force and effect until this Municipality notifies the Bank to the contrary in writing; and the Bank may conclusively presume that such resolutions and signature cards are in effect and that the agents identified therein from time to time as officers of the Municipality have been duly elected or appointed to and continue to hold such offices.

**ACCOUNT AGREEMENT**

DAIRY STATE BANK  
16 SOUTH MAIN STREET  
RICE LAKE, WI 54868

Account Number: 27350

Account Owner(s) Name & Address  
TOWN OF RICE LAKE

1830 MACAULEY AVE  
RICE LAKE WI 54868

Agreement Date: 04/15/2019 By: 0

EXISTING Account - This agreement replaces previous agreement(s).

Account Desc: MUNICIPAL INTEREST CHECKING

Checking  Savings  NOW  \_\_\_\_\_

Initial Deposit \$ 0.00 Source: \_\_\_\_\_

**Ownership of Account - BUSINESS Purpose**

- Sole Proprietorship  Single-Member LLC  Partnership
- LLC (LLC tax classification:  C Corp  S Corp  Partnership)
- C Corporation  S Corporation  Non-Profit
- Municipal

**Type of Account - PERSONAL (Choose one & sign where indicated):**

- Single Party Account:** THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED BY THE PARTY NAMED HEREON.
- Single Party Account with P.O.D. Beneficiary(ies):** THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED BY THE PARTY NAMED HEREON. UPON THE DEATH OF SUCH PARTY, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
- Marital Account:** THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, THE SURVIVOR OWNS 50% OF THE SUMS ON DEPOSIT.
- Marital Account with P.O.D. Beneficiary(ies):** THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS OWNED AS A MARITAL ACCOUNT BY THE PARTIES NAMED HEREON. UPON THE DEATH OF EITHER OF THEM, 50% OF THE SUMS ON DEPOSIT ARE OWNED BY THE SURVIVOR AND 50% ARE OWNED BY THE P.O.D. BENEFICIARY(IES) NAMED HEREON BY THE DECEASED PARTY.
- Joint Account - No Survivorship:** THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED WITHOUT THE RIGHT OF SURVIVORSHIP BY THE PARTIES NAMED HEREON.
- Joint Survivorship Account:** THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S).
- Joint Survivorship Account with P.O.D. Beneficiary(ies):** THIS ACCOUNT/CERTIFICATE OF DEPOSIT IS JOINTLY OWNED BY THE PARTIES NAMED HEREON. UPON THE DEATH OF ANY OF THEM, OWNERSHIP PASSES TO THE SURVIVOR(S). UPON THE DEATH OF ALL SUCH PARTIES, OWNERSHIP PASSES TO THE P.O.D. BENEFICIARY(IES) NAMED HEREON.
- Trust: Separate agreement dated \_\_\_\_\_
- \_\_\_\_\_

**P.O.D. Beneficiaries:** The following parties (or all parties, if not specified) name the following individuals as beneficiaries:

REMOVED THOMAS ADDED DEAN  
4/15/2019 MLH

**Backup Withholding Certifications (Non-"U.S. Persons" - Use separate Form W-8)**

By signing below, I, TOWN OF RICE LAKE, certify under penalties of perjury that the statements made in this section are true.

**TIN:** 39-6018991 The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

**Not Subject to Backup Withholding.** I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

**Exempt Recipient.** I am an exempt recipient under the Internal Revenue Service Regulations, Exempt payee code (if any) \_\_\_\_\_

**FATCA Code.** The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**U.S. Person.** I am a U.S. citizen or other U.S. person (as defined in the Instructions).

**Signature(s).** The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as Individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- Terms & Conditions  Truth in Savings  Funds Availability
- Electronic Fund Transfers  Privacy  Substitute Checks
- Common Features  Specific Account Details

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

(1):  Janet Tomesh

JANET TOMESH  
I.D. # \_\_\_\_\_ D.O.B. 03-22-1965

(2):  Mary A. Dodge

MARY A DODGE  Authorized Agent  
I.D. # \_\_\_\_\_ D.O.B. 11-20-46

(3):  Dean A Borofka

DEAN A BOROFKA  Authorized Agent  
I.D. # \_\_\_\_\_ D.O.B. 4-30-1945

(4):  \_\_\_\_\_

\_\_\_\_\_  Authorized Agent  
I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Authorized Agent (if selected above for a PERSONAL account):** TRANSACTIONS REGARDING THIS ACCOUNT/CERTIFICATE OF DEPOSIT MAY BE MADE BY THE AGENT(S) NAMED HEREON. NO PRESENT OR FUTURE OWNERSHIP OR RIGHT OF SURVIVORSHIP IS CONFERRED BY THIS DESIGNATION.

The authority conferred upon the agent named above ( is  is not) exercisable notwithstanding any party's legal disability.