

#94-1

# RESOLUTION OF \_\_\_\_\_, ASSOCIATION OR OTHER SIMILAR ORGANIZATION

**TO:** First Bank of Eva  
(Name of Financial Institution)  
P. O. Box 240  
(Address)  
Eva, AL 35621  
(City, State and Zip Code)

**BY:** Town of Eva  
(Name of Lodge, Association or Similar Organization)  
P. O. Box 68  
(Address)  
Eva, AL 35621  
(City, State and Zip Code)

Date: 3-11-94

Federal I.D. Number: 63-0766762

**A.** At a regular meeting of the organization named above, held on March 10, 19 94, at which a quorum was present, the following officers were elected for the ensuing year or until their successors are properly elected and determined to be qualified:

Name	Title	Signature	Facsimile Signature (If used)
<u>Donna W. Ray</u>	<u>Town Clerk</u>		
<u>Gary Livingston</u>	<u>Mayor</u>		
<u>Bert Collins</u>	<u>Council President</u>		

**B.** If checked, under the rules of the organization named above, the persons listed above may:

- (1) Open deposit, savings and checking accounts in the name of this Organization and bind this Organization to the terms and conditions of any related account agreements.
- (2) Endorse checks, and orders for the payment of money and withdraw funds from this Organization's accounts on deposit with this Financial Institution. This Financial Institution may charge this Organization for all checks, drafts or other such orders for the payment of money drawn on this Financial Institution, regardless of by whom or by what means the signatures (including facsimile signatures) may have been affixed, so long as they resemble the signature specimens (including any facimile signature specimens) that appear in section A. and contain the proper number of authorized signatures for this purpose.
- (3) Receive and send notices, including any notice regarding a change in this resolution.  
 Number of authorized signatures required for this purpose: 2
- (4) Enter into a written lease for the purpose of renting and maintaining a Safe Deposit Box in this Financial Institution.  
 Number of authorized signatures required for this purpose: 1  
 Number of authorized persons required to gain access and to terminate the written lease: 1

**C.** This resolution revokes any prior resolution on file with this Financial Institution and shall be null and void unless notice of its rescission or modification has been received, recorded and acknowledged by this Financial Institution.

**D.**

AFFIX SEAL HERE

**E.**  Town Clerk (Secretary)  
 \_\_\_\_\_ (Attest by a Director)  
 \_\_\_\_\_ (Attest by a Director)

X \_\_\_\_\_ (Signature of Retiring Officer)      X \_\_\_\_\_ (Signature of Retiring Officer)      X \_\_\_\_\_ (Signature of Retiring Officer)