

For Customer Use:

I have an existing Acct. # _____
 This resolution is for:
 New Account

 Change to Existing Acct. # _____

For OTFS Use Only:

_____ Acct Approved _____ Auth Entered.
 _____ Audit _____ Wire Instructions
 _____ Addr Entered _____ Wire Templates
 Approval:
 _____ AD1 _____ AD2
 Res. form 2000A

GEORGIA FUND 1
(local government investment pool)
RESOLUTION TO AUTHORIZE INVESTMENT

WHEREAS, Ga. Code Ann. §§36-83-1 to 36-83-8 authorizes Georgia local governments and other authorized entities to invest funds through the local government investment pool, and
 WHEREAS, from time to time it may be advantageous to the _____

Hall County, Georgia _____ to deposit funds available for

 (Name of Local Government, Political Subdivision or State Agency)
 investment in Georgia Fund 1 (hereinafter referred to as the local government investment pool) as it may deem appropriate; and

WHEREAS, to provide for the safety of such funds deposited in the local government investment pool, investments are restricted to those enumerated by Ga. Code Ann. §36-83-8 under the direction of the State Depository Board, considering first the probable safety of capital and then the probable income to be derived; and WHEREAS, such deposits must first be duly authorized by the governing body of the local government or authorized entity and a certified copy of the resolution authorizing such investment filed with the Treasurer of the Office of the State Treasurer; and

WHEREAS, such resolution must name the official(s) authorized to make deposits or withdrawals of funds in the local government investment pool; and

WHEREAS, Ga. Code Ann. §36-83-8 requires a statement of the approximate cash flow requirements of the participating government pertaining to the funds to accompany the authorization to invest such funds at the time such deposits are duly authorized;

NOW, THEREFORE BE IT RESOLVED by the **Hall County Board of Commissioners** _____

 (Board, Council or other Governing Body)
 that funds of the **Hall County, Georgia** _____ may be deposited from time to

 (Local Government, Political Subdivision, or State Agency)
 time in the manner prescribed by law and the applicable policies and procedures for the local government investment pool.

BE IT FURTHER RESOLVED THAT:

- Any one of the following individuals shall be authorized to deposit and/or withdraw funds from the local government investment pool on behalf of such government or other authorized entity (if a listed individual is employed by an entity other than the depositor, indicate employer):

Director of Financial Services

 Name, Title, (Employer, if applicable) (Area Code) Phone Number
 Email: _____

Assistant Finance Director

 Email: _____

Finance Manager

 Email: _____

 Email: _____

 Email: _____

All withdrawals from the local government investment pool shall be wired to the following participant's demand deposit account: **(Many banks have separate instructions for wires and ACH deposits. Please verify both sets of instructions with your bank and provide them below. This will ensure accurate delivery of your funds to the designated bank account).**

(For ACH) _____

 (Local Bank Name) (Account Title)

 (ABA Number) (Account Number) (City, State)

(For WIRE) _____

 (Local Bank Name) (Account Title)

 (ABA Number) (Account Number) (City, State)

(If applicable) Our local bank prefers to receive credit for wire transfers at the following **Correspondent Bank**:

(Bank Name) (City) (ABA Number) (Account Number)

Additional Bank Account (if applicable):

(For ACH)

(Local Bank Name)

(Account Title)

(ABA Number)

(Account Number)

(City, State)

(For WIRE)

(Local Bank Name)

(Account Title)

(ABA Number)

(Account Number)

(City, State)

Correspondent Bank (if applicable):

(Bank Name) (City) (ABA Number) (Account Number)

3. The local government investment pool shall mail the monthly statements of account to:

Director Financial Services - Hall County Board of Commissioners

PO Box 1435

(Attention)

(Address)

Gainesville, GA 30501

(Address)

(City, State & Zip)

4. Changes in the above authorization shall be made by cancellation or replacement resolution delivered to the Office of the State Treasurer. Until such a replacement resolution is received by the Office of the State Treasurer, the above authorized individuals, local government demand account instructions and statement mailing address(es) shall remain in full force and effect.

5. The following schedule represents the period in which existing balances are currently expected to remain invested in the local government investment pool:

33 % 30 days or less;

33 % more than 30 days but less than 90 days;

34 % 90 days or longer.

100 %

Entered at _____, Georgia this _____ day of _____ 20__.

(Signature of Head of Governing Authority)

(Please Print or Type - Head of Governing Authority)

Chairman - Hall County Board of Commissioners

(Title)

NOTARY SEAL

Sworn to and subscribed before me this _____ day of _____ 20__.

(Notary Public)

Please complete and return an original copy to:

**Georgia Fund 1
Office of the State Treasurer
200 Piedmont Avenue
Suite 1204, West Tower
Atlanta, GA 30334-5527**

**Telephone: (404) 651-8964 or (404) 656-2993
Toll Free: (800) 222-6748
Fax: (404) 656-9048**

Georgia Fund 1 (local government investment pool) deposits are not guaranteed or insured by any bank, the Federal Deposit Insurance Corporation (FDIC), the Federal Reserve Board, the State of Georgia or any other agency.



Office of the State Treasurer
 200 Piedmont Ave, Suite 1202, West Tower
 Atlanta, Georgia 30334-5527

Steve McCoy
 State Treasurer

(404) 656-2168
 Fax (404) 656-9048

ACH TRANSFER AUTHORIZATION FORM

CUSTOMER NAME:

	Georgia Fund 1 Account #	Bank Account Title	Bank ABA #	Bank Account Number
1				
2				
3				
4				
5				
6				
7				
8				
9				

If you wish to be included in the ACH funds transfer program, please complete the bank information for each of the accounts that appear on the resolution for each Georgia Fund 1 account. This form authorizes the Office of the State Treasurer (OST) to **DEBIT** the bank accounts listed for **LGIP contributions**.

Please verify ACH instructions with your financial institution before completing this form and verify that an ACH Debit Block is NOT placed on your account. If there is a block on the account, please provide your bank our two Company IDs: 1581125844 & 2581125844. This will allow OST to debit the account. If you have any questions, please email accounting@treasury.ga.gov.

We **DO NOT** wish to participate in the ACH funds transfer program for all of our accounts or for the following accounts: _____ . We understand that we will be responsible for sending a wire for any contributions made to a Georgia Fund 1 account not included in the ACH funds transfer program.

This form does not need to be notarized, but the authorizing signature must be someone on the current resolution. Any changes to this form can be faxed to 404-657-9066 or emailed to accounting@treasury.ga.gov. The original form does not need to be mailed.

 Authorizing Signature

 Print Name

 Date