



2017-07

GOVERNMENT / MUNICIPAL / PUBLIC FUNDS BANKING RESOLUTION
(for Deposit Accounts)

Depositor: VILLAGE OF ANGEL FIRE GO BOND ACCOUNT
P.O. BOX 610
ANGEL FIRE, NM 87710

Financial Institution: FNB NEW MEXICO
ANGEL FIRE OFFICE
ONE FIRST NATIONAL PLACE
PO BOX 828
ANGEL FIRE, NM 87710

Account No: [REDACTED]

I, the undersigned Official of the Government, Municipal or Public Entity ("Entity") named above, HEREBY CERTIFY that the Entity is organized, exists and is duly authorized to transact business under the laws of the state or jurisdiction where it is located.

ACCOUNT HOLDER. VILLAGE OF ANGEL FIRE GO BOND ACCOUNT is the complete and correct name of the Account Holder.

I FURTHER CERTIFY that at a meeting of the governing body of the Entity, duly and regularly called and held on February 7, 2017, the following resolutions were adopted:

RESOLVED, that the Financial Institution named above at any one or more of its offices or branches, be and it hereby is designated as a depository for the funds of this Entity, which may be withdrawn on checks, drafts, advices of debit, notes or other orders for the payment of monies bearing the following appropriate number of signatures: Any one (1) of the following named officers or employees of this Entity ("Agents"), whose actual signatures are shown below:

X [Signature] BARBARA COTTAM, MAYOR of VILLAGE OF ANGEL FIRE

X [Signature] THERESA CORDOVA, VILLAGE CLERK of VILLAGE OF ANGEL FIRE

X [Signature] STEVE LARSON, COUNCILOR of VILLAGE OF ANGEL FIRE

X [Signature] ROGERS LANON, COUNCILOR of VILLAGE OF ANGEL FIRE

X [Signature] CHARLES HOWE, MAYOR PRO-TEM of VILLAGE OF ANGEL FIRE

X [Signature] BRIAN COLENDIA, COUNCILOR of VILLAGE OF ANGEL FIRE

X [Signature] RICHARD TAFOYA, VILLAGE MANAGER of VILLAGE OF ANGEL FIRE

and that the Financial Institution shall be and is authorized to honor and pay the same whether or not they are payable to bearer or to the individual order of any Agent or Agents signing the same.

FURTHER RESOLVED, that the Financial Institution is hereby directed to accept and pay without further inquiry any item drawn against any of the Entity's accounts with the Financial Institution bearing the signature or signatures of Agents, as authorized above or otherwise, even though drawn or endorsed to the order of any Agent signing or tendered by such Agent for cashing or in payment of the individual obligation of such Agent or for deposit to the Agent's personal account, and the Financial Institution shall not be required or be under any obligation to inquire as to the circumstances of the issue or use of any item signed in accordance with the resolutions contained herein, or the application or disposition of such item or the proceeds of the item.

FURTHER RESOLVED, that any one of such Agents is authorized to endorse all checks, drafts, notes and other items payable to or owned by this Entity for deposit with the Financial Institution, or for collection or discount by the Financial Institution; and to accept drafts and other items payable at the Financial Institution.

FURTHER RESOLVED, that the above named agents are authorized and empowered to execute such other agreements, including, but not limited to, special depository agreements and arrangements regarding the manner, conditions, or purposes for which funds, checks, or items of the Entity may be deposited, collected, or withdrawn and to perform such other acts as they deem reasonably necessary to carry out the provisions of these resolutions. The other agreements and other acts may not be contrary to the provisions contained in this Resolution.

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(Continued)

FURTHER RESOLVED, that the authority hereby conferred upon the above named Agents shall be and remain in full force and effect until written notice of any amendment or revocation thereof shall have been delivered to and received by the Financial Institution at each location where an account is maintained. Financial Institution shall be indemnified and held harmless from any loss suffered or any liability incurred by it in continuing to act in accordance with this resolution. Any such notice shall not affect any items in process at the time notice is given.

I FURTHER CERTIFY that the persons named above occupy the positions set forth opposite their respective names and signatures; that the foregoing Resolutions now stand of record on the books of the Entity; that they are in full force and effect and have not been modified in any manner whatsoever.

IN TESTIMONY WHEREOF, I have hereunto set my hand on 2/7, 2017 and attest that the signatures set opposite the names listed above are their genuine signatures.

CERTIFIED TO AND ATTESTED BY:

  
\_\_\_\_\_  
\*Official

CORPORATE

SEAL

X \_\_\_\_\_  
Co-Official

\*NOTE: In case the Official is designated by the foregoing resolutions as one of the signing agents, this certificate should also be signed by a second Official of the Entity.

FNB NEW MEXICO

525100

Account Purpose: Non Consumer

Account Holder Name(s): VILLAGE OF ANGEL FIRE GO BOND ACCOUNT  
 Reporting SSN/TIN: 85-0346751  
 Mailing Address: P.O. BOX 610, ANGEL FIRE, NM 87710  
 Telephone Number: (575) 377-3232 Work #: (575) 377-3232  
 Number of Signatures Required: 1 CIF Number: 522805

ACCOUNT TYPE NOW Account		ACCOUNT NUMBER 525100	
Date Opened 02-08-17	Date Revised	Opened By MAHD	Verified By

OWNERSHIP TYPE Government/Municipal/Public Funds

Signatures of Authorized Individuals. This Agreement is subject to all terms below.

X BARBARA COTTAM, MAYOR of VILLAGE OF ANGEL FIRE	X  THERESA CORDOVA, VILLAGE CLERK of VILLAGE OF ANGEL FIRE
X STEVE LARSON, COUNCILOR of VILLAGE OF ANGEL FIRE	X ROGERS LANON, COUNCILOR of VILLAGE OF ANGEL FIRE
X CHARLES HOWE, MAYOR PRO-TEM of VILLAGE OF ANGEL FIRE	X BRINN COLEDA, COUNCILOR of VILLAGE OF ANGEL FIRE
X RICHARD TAFOYA, VILLAGE MANAGER of VILLAGE OF ANGEL FIRE	

(Signatures and printed names of each account signer)

The Authorized Individual(s) signing above and on the attached Signature Card Addendums agree(s), that the Account Holder's Account(s) will be governed by the terms set forth in the Deposit Account Agreement and Disclosure, the Time Certificate of Deposit or Confirmation of Time Deposit Agreement (if applicable), the Rate and Fee Schedule, the Funds Availability Policy Disclosure, the Substitute Check Policy Disclosure, the Electronic Funds Transfer Agreement and Disclosure, (if applicable), acknowledge receipt of our privacy policy (if applicable), as amended by the Financial Institution from time to time, and such other authorization documents provided to the Financial Institution from time to time. The Authorized Individual(s) also acknowledge that they have received at least one copy of these deposit account documents. The Authorized Individual(s) represent(s) that they hold the position(s) indicated above and they are authorized to enter into this Agreement on behalf of the Account Holder.

TIN/BACKUP WITHHOLDING

Reporting TIN: 85-0346751

Important: Under penalties of perjury, I certify that 1) the number shown above is the Government Entity's correct taxpayer identification number, 2) I am a U.S. citizen or other U.S. person (defined in the instructions), 3) I am exempt from reporting under the Foreign Account Tax Compliance Act (FATCA), and 4) that (check appropriate box):

- The Government Entity is not subject to backup withholding, because the Government Entity is exempt from backup withholding, or because the Government Entity has not been notified by the IRS that the Government Entity is subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified the Government Entity that the Government Entity is no longer subject to backup withholding.
- The Government Entity is subject to backup withholding.

Signature of Authorized Individual: X \_\_\_\_\_ Date \_\_\_\_\_

The following information may be used to further identify individual(s) for telephone instructions, large transactions, or if a signature varies. MMN = Mother's Maiden Name

Name: BARBARA COTTAM	SSN:			
Street:				
Mailing:				
Phone: (H):	(W):			
Job:				
DOB:	MMN:			
ID:	Exp Date:	Country:	St:	
	Exp Date:	Country:	St:	

**EBANKING AGREEMENT  
(Continued)**

Please complete and sign the following enrollment.

**Online Banking & eStatement Enrollment**

Customer Name: VILLAGE OF ANGEL FIRE  
Social Security/Tax Identification Number: 85-0346751  
Address: P.O. BOX 610, ANGEL FIRE, NM 87710  
Telephone Number: \_\_\_\_\_  
Primary Checking Account Number: 525100  
Additional Account Numbers: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Security Code(must be at least four characters) \_\_\_\_\_  
Email Address: \_\_\_\_\_

I am requesting Online Banking Services. I authorize you to charge my account for any transactions made through use of the Online Banking Service, including the amount of any recurring payment or transfer that I make. I agree that sufficient funds must be available in my account on the date I schedule payments or transfers to be made by using the Online Banking Service. I acknowledge receipt of the Online Banking Agreement, that I understand the Terms & Conditions set forth therein, and agree to be bound by them.

I hereby authorize FNB New Mexico to deliver my monthly bank statement notification electronically to the email address listed above. By signing below I acknowledge that I have received a copy of the eStatement Agreement and Disclosure and that I have read, understand, and agree to the terms and conditions of the agreement as of the date signed. The statements and agreements, which I have made in this authorization are binding upon all owners of this account and other person(s) which are authorized by any account owner to access this account through FNB New Mexico's online banking. I agree that any losses incurred by FNB New Mexico as a result of providing this service will be the responsibility of all account owners regardless of whether performed by me, another account owner, or others that have been authorized by an account owner.

By signing below I acknowledge that I have read and understand the above disclaimer(s).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_