

RESOLUTION NO. 2-09

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF WESTON LAKES, TEXAS, AUTHORIZING THE MAYOR AND MAYOR PRO TEM TO EXECUTE AND ATTEST, RESPECTIVELY, ALL NECESSARY AGREEMENTS RELATED TO THE APPROVAL OF WALLIS STATE BANK AS THE CITY'S DEPOSITORY BANK; AND CONTAINING OTHER PROVISIONS RELATED TO THE SUBJECT.

* * * * *

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF WESTON LAKES, TEXAS:

Section 1. The Mayor and Mayor Pro Tem are hereby authorized to execute and attest, respectively, the following agreements:

- A. Depository Control by and between the City of Weston Lakes, Texas, ("City") and Wallis State Bank of Texas ("Bank");
- B. Funds Transfer Services Agreement by and between the City and Bank; and

Copies of the foregoing agreements are attached hereto, respectively, as Exhibits "A" and "B", and made a part hereof.

Section 2. The opening of bank accounts of the City at the Bank shall be authorized by the signature of two (2) of the following City officials: The Mayor and Mayor Pro Term or City Secretary.

Section 3. The endorsement of checks and orders for the payment of money or otherwise withdraw or transfer funds of the City on deposit with Bank shall be authorized by the signature of two (2) of the following City officials: The Mayor and Mayor Pro Term or City Secretary.

PASSED, APPROVED, AND ADOPTED this 27 day of JANUARY, 2009.

CORPORATE AUTHORIZATION RESOLUTION

WALLIS STATE BANK
PO BOX 339
WALLIS, TX 77485-0339

By: CITY OF WESTON LAKES

P O BOX 1082
FULSHEAR TX 77441

Referred to in this document as "Financial Institution"

Referred to in this document as "Corporation"

I, MARY ZDUNKEWICZ (MAYOR), certify that I am Secretary (clerk) of the above named corporation organized under the laws of THE STATE OF TEXAS, Federal Employer I.D. Number 80-0315281, engaged in business under the trade name of CITY OF WESTON LAKES, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Board of Directors of the Corporation duly and properly called and held on JANUARY 27, 2009 (date). These resolutions appear in the minutes of this meeting and have not been rescinded or modified.

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

Table with 3 columns: Name and Title or Position, Signature, Facsimile Signature (if used). Rows include MARY ZDUNKEWICZ / MAYOR and CLIFTON H ALDRICH / MAYOR PRO TEM.

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 Agent signatures required to exercise the power.)

Table with 3 columns: Indicate A, B, C, D, E, and/or F; Description of Power; Indicate number of signatures required. Includes powers like 'Exercise all of the powers listed in this resolution' and 'Open any deposit or share account(s) in the name of the Corporation.'

LIMITATIONS ON POWERS The following are the Corporation's express limitations on the powers granted under this resolution.

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

CERTIFICATION OF AUTHORITY

I further certify that the Board of Directors of the Corporation has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions on page 2 and to confer the powers granted above to the persons named who have full power and lawful authority to exercise the same. (Apply seal below where appropriate.)

If checked, the Corporation is a non-profit corporation.

In Witness Whereof, I have subscribed my name to this document and affixed the seal of the Corporation on FEBRUARY 2, 2009 (date).

Attest by One Other Officer (Signature)

Secretary (Signature)
MAYOR PRO TEM (Signature)

WALLIS STATE BANK (FULSHEAR)

30506 FIRST STREET
FULSHEAR, TX 77441

ACCOUNT NUMBER 69108 PORTFOLIO NUMBER 14150

ACCOUNT OWNER(S) NAME & ADDRESS
CITY OF WESTON LAKES

P O BOX 1082
FULSHEAR TEXAS 77441

OWNERSHIP OF ACCOUNT - CONSUMER (Select one by placing your initials next to account selected.)
UNIFORM SINGLE-PARTY OR MULTIPLE-PARTY ACCOUNT SELECTION FORM NOTICE: THE TYPE OF ACCOUNT YOU SELECT MAY DETERMINE HOW PROPERTY PASSES ON YOUR DEATH. YOUR WILL MAY NOT CONTROL THE DISPOSITION OF FUNDS HELD IN SOME OF THE FOLLOWING ACCOUNTS.

SINGLE-PARTY ACCOUNT WITHOUT "P.O.D." (Payable on Death) DESIGNATION

SINGLE-PARTY ACCOUNT WITH "P.O.D." (Payable on Death) DESIGNATION

MULTIPLE-PARTY ACCOUNT WITHOUT RIGHT OF SURVIVORSHIP

MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP

MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND "P.O.D." (Payable on Death) DESIGNATION

CONVENIENCE ACCOUNT

TRUST ACCOUNT (name beneficiaries below)

TRUST ACCOUNT SUBJECT TO SEPARATE AGREEMENT

DATED: _____

OTHER _____

DATE OPENED 02/02/2009 BY PAM PORTER
INITIAL DEPOSIT \$ 939.27
 CASH CHECK _____
HOME TELEPHONE # 281-346-1235
DRIVER'S LICENSE # _____
E-MAIL _____
EMPLOYER INCORPORATED CITY _____
BUSINESS PHONE # _____
Name and address of someone who will always know your location: _____

NAME OR NAMES OF BENEFICIARIES:

Number of signatures required for withdrawal One
FACSIMILE SIGNATURE(S) ALLOWED? YES NO

[X]

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

SOLE PROPRIETORSHIP LIMITED LIABILITY COMPANY

CORPORATION: FOR PROFIT NOT FOR PROFIT

PARTNERSHIP _____

BUSINESS: CITY OF WESTON LAKES
COUNTY & STATE
OF ORGANIZATION: FORT BEND COUNTY / TEXAS
AUTHORIZATION DATED: MAY 20, 2008

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize 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 disclosure(s):

Deposit Account Funds Availability Truth in Savings

Electronic Fund Transfers Privacy Substitute Checks

NEW EXISTING

TYPE OF ACCOUNT CHECKING SAVINGS

MONEY MARKET CERTIFICATE OF DEPOSIT

NOW _____

ACCOUNT NAME: BUSINESS FREE CHECKING

This is a Temporary account agreement.

(1): [X]
MARY ZDUNKEWICZ
I.D. # 03692415 Other 10/24/1936

(2): [X]
CLIFTON H ALDRICH
I.D. # 23074823 Other 04/18/1940

(3): [X]
I.D. # _____ Other _____

(4): [X]
I.D. # _____ Other _____

The person(s) named below are Convenience Signers only (not owners)

[X]
I.D. # _____ Other _____

[X]
I.D. # _____ Other _____

BACKUP WITHHOLDING CERTIFICATIONS

TIN: 80-0315281

TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

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 RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

X _____
CITY OF WESTON LAKES (Date)

WALLIS STATE BANK (FULSHEAR)
30506 FIRST STREET
FULSHEAR, TX 77441

ACCOUNT NUMBER 69108 PORTFOLIO NUMBER 14150

ACCOUNT OWNER(S) NAME & ADDRESS
CITY OF WESTON LAKES
*** REVISED 7-15-2009***
P O BOX 1082
FULSHEAR TX 77441

OWNERSHIP OF ACCOUNT - CONSUMER (Select one by placing your initials next to account selected.)
UNIFORM SINGLE-PARTY OR MULTIPLE-PARTY ACCOUNT SELECTION FORM NOTICE THE TYPE OF ACCOUNT YOU SELECT MAY DETERMINE HOW PROPERTY PASSES ON YOUR DEATH. YOUR WILL MAY NOT CONTROL THE DISPOSITION OF FUNDS HELD IN SOME OF THE FOLLOWING ACCOUNTS.

SINGLE-PARTY ACCOUNT WITHOUT "P.O.D." (Payable on Death) DESIGNATION
 SINGLE-PARTY ACCOUNT WITH "P.O.D." (Payable on Death) DESIGNATION
 MULTIPLE-PARTY ACCOUNT WITHOUT RIGHT OF SURVIVORSHIP
 MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP
 MULTIPLE-PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND "P.O.D." (Payable on Death) DESIGNATION
 CONVENIENCE ACCOUNT
 TRUST ACCOUNT (name beneficiaries below)
 TRUST ACCOUNT SUBJECT TO SEPARATE AGREEMENT
DATED: _____
 OTHER _____

DATE OPENED 02/02/2009 BY GWEN
INITIAL DEPOSIT \$ 100.00
 CASH CHECK
HOME TELEPHONE # 281-346-1235
DRIVER'S LICENSE # _____
E-MAIL _____
EMPLOYER INCORPORATED CITY _____
BUSINESS PHONE # _____
Name and address of someone who will always know your location: _____

NAME OR NAMES OF BENEFICIARIES:

Number of signatures required for withdrawal One
FACSIMILE SIGNATURE(S) ALLOWED? YES NO
[X]

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE
 SOLE PROPRIETORSHIP LIMITED LIABILITY COMPANY
 CORPORATION: FOR PROFIT NOT FOR PROFIT
 PARTNERSHIP
BUSINESS: CITY OF WESTON LAKES
COUNTY & STATE OF ORGANIZATION: FORT BEND COUNTY / TEXAS
AUTHORIZATION DATED: MAY 20, 2008

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize 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 disclosure(s):
 Deposit Account Funds Availability Truth in Savings
 Electronic Fund Transfers Privacy Substitute Checks

NEW EXISTING
TYPE OF ACCOUNT CHECKING SAVINGS
 MONEY MARKET CERTIFICATE OF DEPOSIT
 NOW
ACCOUNT NAME: BUSINESS FREE CHECKING
 This is a Temporary account agreement.

(1): [X]
MARY ZDUNKEWICZ
I.D. # 03692415 Other 10/24/1936
(2): [X]
CLIFTON H ALDRICH
I.D. # 23074823 Other 04/18/1940
(3): [X]
TRENT N THOMAS
I.D. # 21024004 Other 12/22/1941
(4): [X]
I.D. # _____ Other _____
 The person(s) named below are Convenience Signers only (not owners)
[X]
I.D. # _____ Other _____
[X]
I.D. # _____ Other _____

BACKUP WITHHOLDING CERTIFICATIONS
TIN: 80-0315281
 TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.
 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 RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.
SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).
X CITY OF WESTON LAKES (Date)