RESOLUTION NO. 4851

A RESOLUTION APPROVING SIGNATORIES FOR WITHDRAWAL OF MONIES FROM ACCOUNTS AND FOR SIGNING OF CHECKS FOR THE CITY OF ALBANY.

BE IT RESOLVED that the City of Albany, Oregon, establish one or more deposit accounts with Key Bank upon such terms and conditions as may be agreed upon with said bank and that the City Manager and Interim Assistant City Manager/Administrative Services Director of the City are hereby authorized to establish such accounts; and

BE IT FURTHER RESOLVED that Key Bank of Oregon be, and it is hereby selected as a depository for the funds of the City. Funds shall be withdrawn from said depository on checks of the City signed by any two of the following:

Charles A. McLaran, Maxor

Steve Bryant, City Manager

Gary Holliday, Interim Assistant City Manager/Administrative Services Director

and may be payable to bearer or to the order of, or for the use and benefit of, the signer or signers thereof; each of said persons is hereby authorized for and on behalf of, and in the name of the City to endorse and deliver to said depository, for any purpose and to any amount commercial paper of any kind, negotiable or nonnegotiable, executed by others, and owned or held or payable to the City. The authority hereby conferred shall continue in force until notice of its revocation in writing shall have been given to the depository; and

BE IT FURTHER RESOLVED that an engraved facsimile signature of Gary Holliday, Interim Assistant City Manager/Administrative Services Director; Steve Bryant, City Manager; and Charles A. McLaran, Mayor; shall be recognized as good, valid signatures for withdrawal of funds on deposit for the City of Albany and for signing of checks for the City of Albany.

Charles A. McLaran, Mayor

Steve Bryant, City Manager

Gary Holliday, Interim Assistant City Manager/Administrative Services Director

BE IT FURTHER RESOLVED that Resolution No. 4098 is hereby superseded with the adoption of this resolution.

DATED AND EFFECTIVE THIS 25TH DAY OF JUNE 2003.

My Many Council President

ATTEST

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