



LAKE COUNTY FOREST PRESERVES  
www.LCFPD.org

Preservation, Restoration, Education and Recreation

**DATE:** January 10, 2019

**Agenda Item#** 9.1

**MEMO TO:** Terry Wilke, Chair  
Finance Committee

**FROM:** Steve Neaman  
Director of Finance

**RECOMMENDATION:** Recommend approval of a Resolution approving a banking resolution from MB Financial to add the new Treasurer and Assistant Treasurer as signatories to the District bank account.

**STRATEGIC DIRECTION SUPPORTED:** Organizational Sustainability

**FINANCIAL DATA:** No impact.

**BACKGROUND:** With the appointment of a new Treasurer and Assistant Treasurer for the District the signers on the District's bank accounts need to be updated. MB Financial is one of the accounts that needs to be updated. MB Financial requires that the District pass a resolution authorizing the Treasurer, Assistant Treasurer and Finance Director as signers and granting them powers to access the account.

**REVIEW BY OTHERS:** Chief Operations Officer, Corporate Counsel



**LAKE COUNTY FOREST PRESERVE DISTRICT  
LAKE COUNTY ILLINOIS**

**A RESOLUTION APPROVING THE TREASURER AND ASSISTANT TREASURER  
AS SIGNATORIES TO THE MB FINANCIAL ACCOUNT**

**WHEREAS**, the Lake County Forest Preserve District (“District”) President, pursuant to Section 8(b) of the Downstate Forest Preserve District Act, 70 ILCS 805/8(b), has appointed a new Treasurer and Assistant Treasurer for the District; and

**WHEREAS**, the District has a bank account with MB Financial; and

**WHEREAS**, MB Financial requires that the District approve a resolution adding the new Treasurer and Assistant Treasurer as District agents authorized to sign on the District’s account (the “Agent Authorization Resolution”) and that the District Secretary certify the District’s authority to adopt the Agent Authorization Resolution; and

**WHEREAS**, it is in the District’s best interests to approve the Agent Authorization Resolution;

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Commissioners of the Lake County Forest Preserve District, Lake County, Illinois, THAT:

Section 1: Recitals. The recitals set forth above are incorporated as a part of this Resolution by this reference.

Section 2: Approval of Agent Authorization Resolution. The Agent Authorization Resolution, in substantially the form attached hereto, is hereby approved.

Section 3: Execution of the Agent Authorization Resolution. The Secretary of the District is hereby authorized to execute and make the certifications upon the Agent Authorization Resolution and the Executive Director of the District, and any other District officer, is authorized to attest to the Secretary’s execution of the Resolution on behalf of the District.

Section 4: Effective Date. This Resolution shall be in full force and effect from and after its passage and approval in the manner provided by law.

PASSED this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

AYES:

NAYS:

APPROVED this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
Angelo D. Kyle, President  
Lake County Forest Preserve District

ATTEST:

\_\_\_\_\_  
Julie Gragnani, Secretary  
Lake County Forest Preserve District

Exhibit No. \_\_\_\_\_

# Resolution of Lodge, Association or Other Similar Organization

MB Financial Bank N.A.  
6111 North River Road  
Rosemont, IL 60018

By: LAKE COUNTY FOREST PRESERVE DISTRICT  
1899 W WINCHESTER RD  
LIBERTYVILLE IL 60048-5367

*Referred to in this document as "Financial Institution"*

*Referred to in this document as "Association"*

I, \_\_\_\_\_, certify that I am Secretary (clerk) of the above named association organized under the laws of \_\_\_\_\_ Illinois, Federal Employer I.D. Number 36-6009339, and that the resolutions on this document are a correct copy of the resolutions adopted at a meeting of the Association duly and properly called and held on \_\_\_\_\_ (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:

Name and Title or Position	Signature	Facsimile Signature <i>(if used)</i>
A. Stephen A. Neaman Director of Finance	X _____	X _____
B. Paul Frank Treasurer	X _____	X _____
C. Craig Taylor Assistant Treasurer	X _____	X _____
D. _____	X _____	X _____
E. _____	X _____	X _____
F. _____	X _____	X _____

**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.)

Indicate A, B, C, D, E, and/or F	Description of Power	Indicate number of signatures required
_____	(1) Exercise all of the powers listed in this resolution.	_____
A,B,C	(2) Open any deposit or share account(s) in the name of the Association.	1
A,B,C	(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.	1
_____	(4) Borrow money on behalf and in the name of the Association, sign, execute and deliver promissory notes or other evidences of indebtedness.	_____
_____	(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Association as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.	_____
_____	(6) Enter into a written lease for the purpose of renting, maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.	_____
_____	(7) Other:	_____

**Limitations on Powers.** The following are the Association's express limitations on the powers granted under this resolution.

**Resolutions**

The Association named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Association and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Association and certified to the Financial Institution as governing the operation of this association's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Association. Any Agent, so long as they act in a representative capacity as an Agent of the Association, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.

- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Association with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Association agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Association. The Association authorizes the Financial Institution, at any time, to charge the Association for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Association acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Association to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Association acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Association with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Association authorizes each Agent to have custody of the Association's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

**Pennsylvania.** The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

**Effect on Previous Resolutions.** This resolution supersedes resolution dated **8/15/2017** . If not completed, all resolutions remain in effect.

**Certification of Authority**

I further certify that the Association has, and at the time of adoption of this resolution had, full power and lawful authority to adopt the resolutions stated above 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 Association is a non-profit lodge, association or similar organization.

\_\_\_\_\_  
*(Secretary)*

\_\_\_\_\_  
*(Attest by Other Officer)*

\_\_\_\_\_  
*(Attest by Other Officer)*

**For Financial Institution Use Only**

Acknowledged and received on

(date) by ks (initials)

This resolution is superseded by resolution dated

8/15,2017

**Comments:**