



GEORGIA FUND 1

(Local Government Investment Pool "LGIP")

Resolution to Authorize Investment
and Designate Representatives

GF1 Acct# _____

Effective Date*|04/11/2025 |

AUTHORIZED REPRESENTATIVES OF THE PARTICIPANT

Any one of the following individuals shall be authorized to deposit and/or withdraw funds from the local government investment pool on behalf of the Participant: (Please select at least one person for online system (IPAS) access to electronically perform authorized functions and to obtain monthly statements. All individuals currently with online access not on this resolution will be deactivated)

1.

Printed Name: |Lonnie Charles Dinkins, Jr|

Title: |Finance Director|

Email: |cdinkins@valdostacity.com|

Authority: ☒ Deposit/Withdrawal/Transfer ☐ Deposit Only

Telephone: |229-259-3519|

Cell Number: |229-292-0820|

☒ Grant IPAS Access
2.

Printed Name: |Catherine Ammons|

Title: |City Manager|

Email: |cammons@valdostacity.com|

Authority: ☒ Deposit/Withdrawal/Transfer ☐ Deposit Only

Telephone: |229-259-3500|

Cell Number: |229-588-1371|

☒ Grant IPAS Access
3.

Printed Name: |_____|

Title: |_____|

Email: |_____|

Authority: ☐ Deposit/Withdrawal/Transfer ☐ Deposit Only

Telephone: |_____|

Cell Number: |_____|

☐ Grant IPAS Access
4.

Printed Name: |_____|

Title: |_____|

Email: |_____|

Authority: ☐ Deposit/Withdrawal/Transfer ☐ Deposit Only

Telephone: |_____|

Cell Number: |_____|

☐ Grant IPAS Access
5.

Printed Name: |_____|

Title: |_____|

Email: |_____|

Authority: ☐ Deposit/Withdrawal/Transfer ☐ Deposit Only

Telephone: |_____|

Cell Number: |_____|

☐ Grant IPAS Access

☐ For additional AUTHORIZED individuals, please check and attach user information to this form.

AUTHORIZED REPRESENTATIVES OF THE PARTICIPANT – READ ONLY

In addition, and at the option of the Participant, additional authorized representatives can be designated to perform inquiry only of selected information. This limited representative cannot make deposits or withdrawals. If the Participant desires to designate a representative with inquiry rights only, complete the following information.

1.

Printed Name: |Nannette Lee Mitchell|

Title: |Accounting Supervisor|

Email: |nlmitchell@valdostacity.com|

Telephone: |229-259-3517|

Cell Number: |229-834-5504|
2.

Printed Name: |_____|

Title: |_____|

Email: |_____|

Telephone: |_____|

Cell Number: |_____|
3.

Printed Name: |_____|

Title: |_____|

Email: |_____|

Telephone: |_____|

Cell Number: |_____|

☐ For additional READ ONLY access individuals, please check and attach user information to this form.