SCHOOL DISTRICT BID PROPOSAL FORM

deposit forSchool District for
e 30, and thereafter until new arrangements shall be
is insured by the Federal Deposit Insurance Corporation or
has met the primary capital to assets ratio of five and one-
and has received certification of such from the State
has offices located in
in response a list of all branches located in the county the
ranch.
has employees located in
_ agrees to place on deposit for the
chool District as security with the State Treasurer any of the
ded in Section 27-105-5, Mississippi Code Ann. (1972) in an
6) of the maximum sum to be placed on deposit in such financial
accounts insured by the Federal Deposit Insurance Corporation
s guaranty pool member under sections 27-105-5 and 27-105-
ial institution shall secure those deposits by placing qualified
ded in section 27-105-5.
agrees to execute a Collateral Security Agreement with the rer of the State of Mississippi for the purpose of complying
are that the District will possess a preferred claim to pledged
k. All Collateral Security Agreements will be executed prior
R. 7111 Conditional Security Agreements with Secured prior
y deposits of the district in order to ensure adequate securities
report listing accounts reported to the State Treasurer.

8		agrees to prepare monthly statements beginning with the first			
day of the mont	th and ending with the last day of the	he month, showing debits, credi	ts, balances, and sequential listing		
of cashed check	as within five (5) business days of t	he statement closing date.			
9.	agrees to pay	interest on the District's accoun	ts based on a fixed rate or variable		
rate. Variable ra	ates shall be equal to the prior mon	th-end U.S. Target Federal Fund	ds Rate plus or minus		
basis p	ooints. Current U.S. Target Federal	Funds Rate is			
CURRENT RATES	S BASED ON ABOVE CALCULA	ATIONS			
		Variable	Fixed		
DDA Checking A	accounts				
Money Market/So	avings Accounts				
Note: Interest s	hall be earned on the average dai	ly investable balance.			
10		agrees to provide cornin	as allowones on doily District		
	es that offset bank service charges		-		
	_				
	t strategies necessary to properly ut				
12		agrees to provide the	requested information		
necessary for the	he completion of the annual audit a	t no charge to the district or its	auditors.		
13.		agrees to allow the di	strict to establish or maintain		
	vings accounts for no charge or min				
wire transfers,	or returned deposit items. In additi	on,	agrees to provide the services		
listed on the fo	llowing page at no charge or minir	num charge to the district based	on account data provided by the		
school district	and data listed below:				
	F	Account Data			
	Average Monthly Ledger Ba	nlance			
	Number of DDA Checki	ng			

Accounts

Number of Savings Accounts

Completed By School District			Financial Institution's Response		
Account Services	Services Utilized? (Yes/No/Interested)	Monthly Average Volume	Provided at No Charge (Yes or No)	Direct Fee or Service Charge (Indicate Fee or Charge)	
Stop Payments					
Outgoing Wire Transfers					
Incoming Wire Transfers					
Night Depository Services					
Locking Bank Bags					
Keys for bank night drop					
Deposit Slips					
Checks					
Re-deposit of returned deposit items at least once					
Research/Statement Reproduction					
Payroll Direct Deposit Services					
Transactions handled via phone					
Cash in to be counted by teller at time of deposit					
Internet Banking Access					
Overdraft Fees and Penalties					
Positive Pay Reconciliation					
Controlled Disbursements					
Stored Value (Payroll) Cards					
Lockbox Services					
Check to ACH Conversion					
Balance and Transaction Services					
<i>Note:</i> Please add ar	ny additional services you o	deem necessary or have interest in u	nder "Service" colu	mn	
				<u> </u>	
		provide ledger credit on the same day credit on wire transfer of funds			
government, and same day credit on deposits made by the District prior to 2:00 P.M. CST.					
Financial Institution Name	e:		<u> </u>		

Primary Contact Name:
Telephone Number:
Street Address:
City, State, Zip Code:
Email Address:
Type or Print Name:
Authorized Signature:
Title:
Date: