# **Board of County Commissioners Agenda Request**

**Date of Meeting:** December 19, 2023

**Date Submitted:** December 4, 2023

**To:** Honorable Chairman and Members of the Board

From: Edward J. Dixon, County Administrator

Trudei Porter, Finance Director

**Subject:** Approval of the Resolution for the New Chairperson Facsimile

Stamp

## **Statement of Issue:**

This item seeks board approval of the Resolution for the New Chairperson Facsimile Stamp.

# **Background:**

At the meeting on November 21, 2023 the Board of County Commissioners elected a new Chairperson. Capital City Bank requires a new Resolution for the use of the Facsimile Stamp with updated signatures.

### **Analysis:**

N/A

# **Fiscal Impact:**

None

### **Options:**

- 1. Approve the Resolutions for both the Board Operating and Payroll Accounts.
- 2. Do not approve.
- 3. Board direction.

# **County Administrator's Recommendation:**

Option 1.

#### **Attachments:**

- Resolution for Board Operating Account
- Resolution for Board Payroll Account



#### ACCOUNT AGREEMENT

ACCOUNT	AGREEVIEW					
CAPITAL CITY BANK	Account					
TRUST BUILDING						
P O BOX 900	Account Owner(s) Name & Address					
TALLAHASSEE, FL 32302-0900	CADSDEN COUNTY BOARD OF COUNTY					
(850) 402-7500	COMMISSIONERS					
Agreement Date: 12/05/2023 By: LONYA LAWRENCE	OPERATING ACCOUNT					
EXISTING Account - This agreement replaces previous agreement(s).	PO BOX 1649					
Account Description:	OUTNCY FL 32353-1649					
HYBRTD	2011101 12 20000 10 //					
Checking Savings NOW	Ward and Warra 40 (05 (000)					
Initial Deposit \$Source:	Revised Date: 12/05/2023 UPDATING SIGNATURE CARD 12-04-23					
Ownership of Account - CONSUMER (Select One and Initial)						
	Additional information: I acknowledge the receipt of the					
Single Party Account ETrust Separate Agreement	Products & Services Booklet and					
Multiple-Party Account	Overdraft Services Disclosure					
Multiple-Party Account - Tenancy by the Entireties	Overdraic Services Discrosure					
Chiher						
Rights at Death (Select One and Initial)						
Single-Party Account						
Multiple-l'arty Account With Hight of Survivorship	Signature(s). The undersigned on titles the accuracy of the information heishe has provided and acknowledges receipt of a completed copy of this form. The undersigned					
Multiple-Party Account Without Right of Survivorship	authorizes the financial institution to verify credit and amployment history and/or have					
Single-Party Account With Pay On Death	a cradit reporting agency prepare a cradit report on the undersigned, as individuals.					
Multiple Party Account With Right of Survivership	The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):					
and Pay On Death	Torms & Conditions Troth in Savings X Funds Availability					
Pay-Ost-Beatis Selecticianises. To Add Pay-On-Death Beneficiaries Name Otte or More:	Electronic Fund Transfers Electronic Fund Transfers Privacy Substitute Checks					
	☑ Common Features ☐					
	The internal Revenue Service deas not require your consent to any					
	provision of this document other than the certifications required to					
	avoid backup withholding.					
	D.L. CIF#					
	(1): x					
	F.^					
	NICHOLAS THOMAS					
Ownership of Account - BUSINESS Purpose	D.L.					
☐ Sole Proprietorship ☐ Single-Member LLC ☐ Partnership	and the second s					
LLC (LLC tax classification: LC Corp LS Corp LPartnership)	(2): X					
C Corporation S Corporation Non-Profit	· · L^					
X Public Funds	RONTERIOUS T CREEN					
Business:	D.L.# CIF#:					
E-Marile Gold	, , , , , , , , , , , , , , , , , , ,					
Backup Withholding Certifications (Non-"U.S. Persons" - Use superate Form Will	m).					
IN Production of sinks   NICHOLAS THOMAS	(3): Lx					
By signing at right, I, NICHOLAS THOMAS  certify under penalties of perjory that the statements made in this section are true.						
	D.L.# 1.0.# 0.0.k. CXF#:					
X TIM:   Yhe Yexpayer identification   Number (10%) shows it my correct toxpayer identification number.	D.L.# CXP#:					
§						
Kij Not Subject to Backup Withholding, I am NGT subject to backup withholding of her heceuse I have not been notified that I on subject to backup	(4): 1×					
withholding as a result of a fedure to report all interest or this hands, or the interest						
Howence Service has notified me that I am no longer subject to backup withholding.	E.D. #					
Exempt Recipient. I senan exempt recipient under the leternal Revenue	Convenience Account Agent (Single-Party Accounts Only)					
Service Regulations, Exempl payee code (if any)						
	<b> </b>					
FATCA Code, The FATCA code extensit on this form(if easy) indicating that I am exempt from FATCA reporting is correct.	_x					
U.S. Person, I am a U.S. citizen or other U.S. person (as defined						
In the instructions).	I.D. # D.O.8					
	0.0.8.					



# RESOLUTION FOR MACHINE SIGNED SIGNATURES

CAPITAL CITY BANK
P O BOX 900
TALLAHASSEE, FL 32302-0900
Account#:

By: GADSDEN COUNTY BOARD OF COUNTY COMMISSIONERS OPERATING ACCOUNT PO BOX 1649 QUINCY FT. 32353-1649

Referred to in this document as "Financial Institution" Referred to in this document as "Business Organization"
, TRUDEL PROTER/PINANCE DIRECTOR, Secretary of
GADSDEN COUNTY BOARD OF COUNTY (Business Organization) do hereby certify that at a
REGULAR (regular, special) meeting of the governing body of the Business Organization,
duly and regularly called, and held at the office of the Business Organization on the 21st day of
NOVEMBER 2023 , there being a quorum of said parties present, the following
resolution was unanimously passed as appears from the records of said Business Organization and is now in
full force and effect.
RESOLVED, that Financial Institution, as a designated depository of this Business Organization be and it is hereby requested, authorized and directed to honor checks, drafts, or other orders for the payment of money drawn in this Business Organization's name, including those drawn to the individual order of any person or persons whose name or names appear thereon as signer or signers thereof, when bearing or purporting to bear the facsimile signature(s) of the following:
State whether such papers must bear one or more signatures.
RESOLVED, that Financial Institution shall be entitled to honor and to charge this Business Organization for all such checks, drafts, or other orders regardless of by whom or by what means the facsimile signature or signatures thereon may have been affixed thereto, if such facsimile signature or signatures resemble the facsimile specimens duly certified to or filed with Financial Institution by the Secretary or other member of the governing body of this Business Organization.
BE IT FURTHER RESOLVED, that any and all resolutions heretofore adopted by the governing body of this
Business Organization and certified to Financial Institution as governing the operation of this Business Organization's account(s) with it, be and are hereby continued in full force and effect except as the same may be supplemented or modified by the foregoing part of this resolution.
IN WITNESS WHEREOF, I have hereunto subscribed my name as Secretary and have caused the seal of said
Business Organization to be affixed hereunto this day of

Secretary



ACCOUNT AGREEMENT

CAPITAL CITY BANK TRUST BUILDING	Account Number:
P O BOX 900 TALLAHASSEE, PL 32302-0900 (850) 402-7500	Account Owner(s) Name & Address GADSDEN COUNTY BOARD OF COUNTY
Agreement Date: 12/05/2023 By: LONYA LAURRINGS	COMMISSIONERS PAYROLL ACCOUNT
X EXISTING Account - This agreement replaces provious agreement(s).	PO BOX 1649
Account Description: HYBRID	QUINCY PL 32353 -1649
IChecking □Savings □NOW □	Deviand Pake 12/05/2022
Initial Deposit \$ Source:	UPDATING SIGNATURE CARD 12-04-23
Ownership of Account - CONSUMER (Select One and Initial)  Single-Party Account	Additional information: I acknowledge the receipt of the
Multiple Party Account	Products & Services Booklet and
Multiple-Party Account - Tenancy by the Entireties	Overdraft Services Disclosure
Rights at Death (Select One and initial)	
Single-Party Account  Multiple-Party Account With Right of Survivorship	Signature(s). The understaned certifies the accuracy of the information he/she has
	provided and acknowledges receipt of a completed copy at this from. The undersigned authorizes the financial institution to worlfy codit and entricyment history and/or have
Single-Party Account With Pay On Death	a cradit reporting agency prepare a credit report as the undersigned, as individuals.
Multiple-Party Account With Right of Survivorship	The undereigned size acknowledge the recolet of a copy and agree to the terms of the failtowing agreement(s) and/or disclosurate):
and Pay On Death Pay-On-Death Sengliciaries, To Add Pay-On-Death Sensiticiaries Home Gree or More:	🗵 Terms & Conditions 🛄 Truth in Savings 🗵 Funds Availability
FRY-OH-Death completiones, in Abb Pay-OH-Death beneficions from a more:	X Electronic Fund Transfers K Privacy X Substitute Checks
į	Common Features
	The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
	D.I. CIF#
	(1): _X
	NICHOLAS THOMAS
Ownership of Account - BUSINESS Purpose	D, T., #
Sole Proprietorship  Single-Mombor LLC  Partnership	5,,
LLC (LLC tax classification: C Corp S Corp Perfection)	(2): x
☐ C Corpuration ☐ 5 Corporation ☐ Non-Profit	KONTERTOUS T GREEN
X Public Funds	10
Business:	D.L.# CIF#:
Backup Withholding Certifications (Hon-"U.S. Persons" Use separate form W.B.)	1
R By signifing at right, I, NICHOLAS THOMAS certify under genullies of perjuty that the statements made in this section are time.	(3): <b>L</b> x
	1.D. # 0.O.B.
X TAN:	D.T., II CIF#;
Not Subject to Backup Withholding. I am NOT subject to trackup withholding either because I have not been notified that I am subject to hackup withholding as a result of a failure to roport all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	(4): X
Exempt Recipient, I am an available racipient likely the internal stovenue	I.D. # D.O.8.  Convenience Account Agent (Single-Party Accounts Only)
Service Regulations, Exempt pages and (if any)	P onthemsice vocanus vident (pligite sattly Accounts (MIA)
FATCA Code. (the FATCA code extered on this form (it any) indicating that I ame example from FATCA reporting is current.	_x
U.S. Person, I am a U.S. citizen or other U.S. person (as defined in the instructions).	
HI 1140 RIGHTONION	I.D. #



#### RESOLUTION FOR MACHINE SIGNED SIGNATURES

CAPITAL CITY BANK P O BOX 900

Account# 🛭

TALLAHASSEE, FL 32302-0900

Referred to in this document as "Financial Institution"

COMMISSIONERS PAYROLL ACCOUNT PO BOX 1649 QUINCY FL 32353-1649

Referred to in this document as "Business Organization"

By; GADSDEN COUNTY BOARD OF COUNTY

TRUDRI PORTER/FINANCE DIRECTOR GADSDEN COUNTY BOARD OF COUNTY (Business Organization) do hereby certify that at a (regular, special) meeting of the governing body of the Business Organization,

2023 , there being a quorum of said parties present, the following resolution was unanimously passed as appears from the records of said Business Organization and is now in full force and effect.

duly and regularly called, and held at the office of the Business Organization on the 21st day of

RESOLVED, that Financial Institution, as a designated depository of this Business Organization be and it is hereby requested, authorized and directed to honor checks, drafts, or other orders for the payment of money drawn in this Business Organization's name, including those drawn to the individual order of any person or persons whose name or names appear thereon as signer or signers thereof, when bearing or purporting to bear the facsimile signature(s) of the following:

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Mary Control of the C	10.
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State whether such papers must bear one or more signatures.

RESOLVED, that Financial institution shall be entitled to honor and to charge this Business Organization for all such checks, drafts, or other orders regardless of by whom of by what means the facsimile signature or signatures thereon may have been affixed thereto, if such facsimile signature or signatures resemble the facsimile specimens duly certified to or filed with Financial Institution by the Secretary or other member of the governing body of this Business Organization.

BE IT FURTHER RESOLVED, that any and all resolutions heretofore adopted by the governing body of this Business Organization and certified to Financial Institution as governing the operation of this Business Organization's account(s) with it, be and are hereby continued in full force and effect except as the same may be supplemented or modified by the foregoing part of this resolution.

IN WITNESS !	WHEREOF, I	I have hereunto	subscribed :	my name as	Secretary	and have	caused ti	ne seaf	of sa	iid
Business Orga	anization to	be affixed hereu	into this	day	of					_,

Secretary