

## 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

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### **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**

**CAPITAL CITY BANK**  
 TRUST BUILDING  
 P O BOX 900  
 TALLAHASSEE, FL 32302-0900  
 (850) 402-7500

Agreement Date: 12/05/2023 By: LYNYA LAWRENCE

EXISTING Account - This agreement replaces previous agreement(s).

Account Description:  
HYBRID

Checking  Savings  NOW  \_\_\_\_\_

Initial Deposit \$ \_\_\_\_\_ Source: \_\_\_\_\_

**Ownership of Account - CONSUMER (Select One and Initial)**

- Single Party Account \_\_\_\_\_  Trust-Separate Agreement \_\_\_\_\_
- Multiple-Party Account \_\_\_\_\_
- Multiple-Party Account - Tenancy by the Entireties \_\_\_\_\_
- Other \_\_\_\_\_

**Rights at Death (Select One and Initial)**

- Single-Party Account \_\_\_\_\_
- Multiple-Party Account With Right of Survivorship \_\_\_\_\_
- Multiple-Party Account Without Right of Survivorship \_\_\_\_\_
- Single-Party Account With Pay On Death \_\_\_\_\_
- Multiple-Party Account With Right of Survivorship and Pay On Death \_\_\_\_\_

Pay-On-Death Beneficiaries. To Add Pay-On-Death Beneficiaries Name One or More:

**Ownership of Account - BUSINESS Purpose**

- Sole Proprietorship  Single-Member LLC  Partnership
- LLC (LLC tax classification:  C Corp  S Corp  Partnership)
- C Corporation  S Corporation  Non-Profit
- Public Funds

Business: \_\_\_\_\_

**Backup Withholding Certifications (Non-"U.S. Persons" - Use separate form W-9)**

By signing at right, I, NICHOLAS THOMAS certify under penalties of perjury that the statements made in this section are true.

TIN: \_\_\_\_\_ The Taxpayer Identification Number (TIN) shown is my correct taxpayer identification number.

Not Subject to Backup Withholding. I am NOT subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipient. I am an exempt recipient under the Internal Revenue Service Regulations. Exempt payee code (if any): \_\_\_\_\_

**FATCA Code.** The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**U.S. Person.** I am a U.S. citizen or other U.S. person (as defined in the instructions).

Account Number: \_\_\_\_\_

**Account Owner(s) Name & Address**

GADSDEN COUNTY BOARD OF COUNTY COMMISSIONERS  
OPERATING ACCOUNT  
PO BOX 1649  
QUINCY FL 32353-1649

Revised Date: 12/05/2023  
 UPDATING SIGNATURE CARD 12-04-23

**Additional Information:**

I acknowledge the receipt of the Products & Services Booklet and Overdraft Services Disclosure

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledges the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosures:

- Terms & Conditions  Truth in Savings  Funds Availability
- Electronic Fund Transfers  Privacy  Substitute Checks
- 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.L.# \_\_\_\_\_ CIF# \_\_\_\_\_

(1):  \_\_\_\_\_

NICHOLAS THOMAS

D.L.# \_\_\_\_\_ CIF# \_\_\_\_\_

(2):  \_\_\_\_\_

RONTERIOUS T GREEN

D.L.# \_\_\_\_\_ D.O.B. \_\_\_\_\_ CIF# \_\_\_\_\_

(3):  \_\_\_\_\_

D.L.# \_\_\_\_\_ I.D.# \_\_\_\_\_ D.O.B. \_\_\_\_\_ CIF# \_\_\_\_\_

(4):  \_\_\_\_\_

I.D.# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Convenience Account Agent (Single-Party Accounts Only)

\_\_\_\_\_

I.D.# \_\_\_\_\_ D.O.B. \_\_\_\_\_



**RESOLUTION FOR MACHINE SIGNED SIGNATURES**

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

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

Referred to in this document as "Financial Institution" Referred to in this document as "Business Organization"

I, TRUDEE PROFFER/FINANCE 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

(Seal)

**ACCOUNT AGREEMENT**

**CAPITAL CITY BANK**  
 TRUST BUILDING  
 P O BOX 900  
 TALLAHASSEE, FL 32302-0900  
 (850) 402-7500

Agreement Date: 12/05/2023 By: LONYA LAWRENCE

EXISTING Account - This agreement replaces previous agreement(s).

Account Description:  
 HYBRID

Checking  Savings  NOW

Initial Deposit \$ \_\_\_\_\_ Source: \_\_\_\_\_

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Account Number: \_\_\_\_\_

Account Owner(s) Name & Address  
 GADSDEN COUNTY BOARD OF COUNTY COMMISSIONERS  
 PAYROLL ACCOUNT  
 PO BOX 1649  
 QUINCY FL 32353-1649

Revised Date: 12/05/2023  
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Additional Information:  
 I acknowledge the receipt of the Products & Services Booklet and Overdraft Services Disclosure

Signature(s). The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledges the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

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- Electronic Fund Transfers  Privacy  Substitute Checks
- 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.

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NICHOLAS THOMAS

D.I.# \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 (2):

RONYBRIOUS T GREEN

D.I.# \_\_\_\_\_ D.O.B. \_\_\_\_\_ CIF# \_\_\_\_\_  
 (3):

D.I.# \_\_\_\_\_ D.O.B. \_\_\_\_\_ CIF# \_\_\_\_\_  
 (4):

D.I.# \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Convenience Account Agent (Single-Party Accounts Only)

D.I.# \_\_\_\_\_ D.O.B. \_\_\_\_\_



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Account# [REDACTED]

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Secretary

(Seal)