

Board of County Commissioners Agenda Request

Date of Meeting: January 2, 2018
Date Submitted: December 8, 2017
To: Honorable Chairperson and Members of the Board
From: Dee Jackson, Interim County Administrator
Connie McLendon, Finance Director
Subject: Approval of the Resolution for the New Chairperson Facsimile Stamp

Statement of Issue:

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

Background:

At the Board of County Commissioner's Meeting of November 21, 2017, the Board elected a new Chairperson. Therefore, the bank requires a new Resolution for the use of a facsimile stamp with updated signatures.

Analysis:

N/A

Fiscal Impact:

None

Options:

1. Approve the Resolutions for both the Board Operating and Payroll Accounts and authorize the Chairperson to sign.
2. Do not approve.
3. Board direction.

Interim County Administrator's Recommendation:

Option 1.

Attachment(s):

Resolution for Board Operating Account

Resolution for Board Payroll Account

ACCOUNT AGREEMENT

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

Account
Number: 6680838701

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

Agreement Date: 12/07/17 By: Rosa Yzaguirre

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

Account Description:

ZERO BALANCE ACCT

☒ 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:

Revised Date: 12/07/17
REMOVING/ADDING SIGNER

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 acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

- ☒ 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.

CIF#: T020411

(1): [X]

NICHOLAS THOMAS

D.O.B. 12/10/65

CIF#: HAC1171

(2): [X]

BRENDA D HOLT

D.O.B. 11/08/58

CIF#:

(3): [X]

D.L. # I.D. #

D.O.B. CIF#:

(4): [X]

I.D. # D.O.B.

☐ Convenience Account Agent (Single-Party Accounts Only)

[X]

I.D. # D.O.B.

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-8)

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

☒ TIN: 59-6000616 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).

RESOLUTION FOR MACHINE SIGNED SIGNATURES

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

By: GADSDEN COUNTY BOARD OF COUNTY COMMISSIO
 PO BOX 1649
 QUINCY FL 32353-1649

Account#: 6680838701

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

I, NICHOLAS THOMAS, Secretary of GADSDEN COUNTY BOARD OF COUNTY COMMISSIONS (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 2017, 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

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

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Number: 6680839501

Account Owner(s) Name & Address

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Revised Date: 12/07/17
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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 acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):

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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)