

BOARD OF COUNTY COMMISSIONERS AGENDA REQUEST

Date of Meeting: December 17, 2013
Date Submitted: December 1, 2013
TO: Honorable Chairman and Members of the Board
FROM: Connie McLendon, Finance Director
Subject: Approval of Resolution for New Chairman Facsimilie Stamp

Statement of Issue:

This item seeks board approval of the Resolution for the New Chairman Facsimile stamp.

Background:

At the Board of County Commissioners' meeting of November 19, 2013, the Board elected a new Chairman. Therefore, our bank requires a new Resolution for use of a Facsimile stamp with the updated signatures.

Analysis:

N/A

Fiscal Impact:

None

Options:

- (1) Approve the Resolution for both the Board Operating and Payroll Accounts.

Finance Director's Recommendation:

Option 1 – Approve the Resolution.

Attachments:

Resolution for Board Operating Account
Resolution for Board Payroll Account

RESOLUTION FOR MACHINE SIGNED SIGNATURES

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

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

Account#: [REDACTED]

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 COMMISSIONERS (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 17th day of DECEMBER 13, 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)

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

OWNERSHIP OF ACCOUNT - CONSUMER PURPOSE (Select one and initial):
 Single-Party Account Multiple-Party Account
 Multiple-Party Account - Tenancy by the Entireties
 Trust-Separate Agreement Dated: _____

RIGHTS AT DEATH (Select one and initial):
 Single-Party Account
 Single-Party Account With Pay-on-Death Designation (name beneficiaries below)
 Multiple-Party Account With Right of Survivorship
 Multiple-Party Account With Right of Survivorship and Pay-on-Death Designation (name beneficiaries below)
 Multiple-Party Account Without Right of Survivorship

NAME OR NAMES OF BENEFICIARIES:

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE
 SOLE PROPRIETORSHIP PARTNERSHIP
 CORPORATION: FOR PROFIT NOT FOR PROFIT
 LIMITED LIABILITY COMPANY
 Public Funds
BUSINESS: BOARD OF COUNTY COMMISSIONERS
COUNTY & STATE: GADSDEN FL
OF ORGANIZATION:
AUTHORIZATION DATED: _____

DATE OPENED 12/31/92 BY Marilyn Joyner
INITIAL DEPOSIT \$.00 CASH
HOME TELEPHONE # (875) 875-7079
BUSINESS PHONE # (850) 875-8601
E-MAIL conniem@gadsdenclerk.com
EMPLOYER _____
Name and address of someone who will always know your location: _____

BACKUP WITHHOLDING CERTIFICATIONS
TIN: 59-6000616
 TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.
 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 RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.
SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. citizen or other U.S. person (as defined in the instructions).
X _____ (Date)

ACCOUNT NUMBER [REDACTED]

ACCOUNT OWNER(S) NAME & ADDRESS
GADSDEN COUNTY BOARD
OF COUNTY COMMISSIONERS
PAYROLL ACCOUNT
PO BOX 1649
QUINCY FL 32353-1649

Revised Date: 11/21/13
REMOVED ONE SIGNER AND ADDED NEW

TYPE OF ACCOUNT
 NEW EXISTING
 CHECKING SAVINGS
 MONEY MARKET CERTIFICATE OF DEPOSIT
 NOW _____
This is your (check one): ZERO BALANCE ACCT
 Permanent Temporary account agreement.

Number of signatures required for withdrawal 1
FACSIMILE SIGNATURE(S) ALLOWED? YES NO

[X]

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 Products & Services Booklet

(1): [X]

NICHOLAS THOMAS
I.D. # [REDACTED] D.O.B. [REDACTED]

(2): [X]

ERIC HINSON
I.D. # [REDACTED] D.O.B. [REDACTED]

(3): [X]

I.D. # _____ D.O.B. _____

(4): [X]

I.D. # _____ D.O.B. _____

Convenience Account Agent (Single-Party Accounts Only)

[X]

I.D.# _____ D.O.B. _____