

## **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 Facsimile Stamp

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**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 17<sup>th</sup> 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

**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

☐ NEW ☒ EXISTING  
**TYPE OF ACCOUNT** ☒ 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. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(2): [X] \_\_\_\_\_

ERIC HINSON

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

(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. \_\_\_\_\_