

Use this form in conjunction with the Signature Card or/and Amendment to Signature Card for additional accounts with same account information (such as same legal entity name, tax id number, tax id name and account signers).

Reference Account Number:		1500072418		Date of existing Signature Card on file or Amendment to Signature Card:		
Organization Legal Name:		ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS				
Account Number	DBA name (if applicable)	Descriptive Account Title	Address for Statement	Primary Purpose of Account <small>(Select only one of the options below)</small>		
				General Business Operations <small>(payables, receivables, payroll, taxes)</small>	Money Services Business**	Casinos or Gaming**
1500072468		Payables Account	ATTN: ACCOUNTING MANAGER 12 SE 1 ST STREET, 4TH FLOOR GAINESVILLE FL 32601	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1500072476		Payroll Account	ATTN: FINANCE & ACCOUNTING 201 E UNIVERSITY AVE GAINESVILLE FL 32601-5457	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1500072696		Visa Settlement Account	ATTN: FINANCE & ACCOUNTING 201 E UNIVERSITY AVE GAINESVILLE FL 32601-5457	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEPOSIT ACCOUNT DOCUMENTATION – ADDITION OF ACCOUNTS

				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

****Additional Information may be requested prior to account opening.**

Primary Purpose of Account: Select only one for appropriate purpose of account. If Money Services Business or Casino or Gambling, the Bank may require additional documentation.

- If the account is for a Money Service Business or Casino or Gambling and is only used for general purpose (payroll, rent, etc), select General Business Operations.
- Money Service Business specific activity (funds transfers), must be segregated from other business accounts, and the account must be identified by selecting Money Service Business.
- Any Casino Accounts (commonly referred to as “marketing” or “patron” Accounts) used to allow the casino’s patrons (i.e., customers) to pre-fund their gaming activities with “front money” or resolve their gaming debt with “marker payments,” select Casino or Gambling.

By signing below, you consent to have documentation regarding your accounts and services delivered through electronic delivery such as secure e-mail or our digital banking portal. Information delivered electronically may include, without limitation, sensitive information about your accounts and services, disclosures and terms governing your accounts and services, and information that could facilitate unauthorized transactions against your accounts. You will ensure the e-mail address used for electronic delivery is secure. You should check this e-mail address or our digital banking portal as important notices may be transmitted periodically. If you would like physical copies of documentation, please contact your service representative.

By signing below, you certify that all information you may have previously provided to us regarding the beneficial ownership of your Organization is, to the best of your knowledge, complete and correct, and to the extent it is not, you are now providing us with updated information as required by law.

By signing below, this Organization hereby adopts the Agreement, Certification of Tax Identification and Authorizations contained in the deposit account documentation used to establish its accounts with us. Further, any person signing this Agreement for the Organization certifies that she/he is duly authorized to do so as evidenced by the existing banking resolutions and incumbency certificate on file with us.

Authorized Signer Signature: (Must match Banking Resolution & Certificate of Incumbency)				Date:	
Print Name:	Jesse K. Irby II, Esq.	Print Title:	Clerk of the Circuit Court		
E-mail Address for electronic delivery: (required for new account opening)					