AUTHORIZED SIGNATURE CARD
FOR DRAWDOWN OF PROCEEDS
UNDER GEFA PROGRAMS

Name of Recipient:	GEFA Project Number
EFFINGHAM COUNTY	**GFAPP001**

SIGNATURES OF OFFICIALS AUTHORIZED TO DRAW ON THE CITED PROJECT

☑ ONLY ONE SIGNATURE REQUIRED ON PAYMENT VOUCHERS

OR

☐ ANY TWO SIGNATURES REQUIRED TO SIGN OR COUNTERSIGN

Typed Name and Signature	Typed Name and Signature
Mark W. Barnes	Michael Smith
Typed Name and Signature	Typed Name and Signature

need a

I certify that the signatures above are of the individuals authorized to request payment under the project cited above.
(The attesting official below cannot be one of the officials that is named above as authorized to sign draw requests)

SIGNATURE OF ATTESTING OFFICIAL (Recipient) _____ DATE _____

Please Note:
Attester cannot

GEORGIA ENVIRONMENTAL FINANCE AUTHORITY
ACH DEPOSITS/WITHDRAWALS AUTHORIZATION FORM

Please complete this form and return to:
GEFA Financial Services Division, 47 Trinity Avenue SW, 5th FL
Atlanta, GA 30334-9006 Email: finance@gefa.ga.gov
404-584-1000

Use this information for all GEFA business: Yes ☐
(if selected, this information will supersede prior information provided)

Invoice or Award/Project Number: GFAPP001

PAYEE LEGAL NAME

Payee Name: Effingham County Board of Commissioners
Payee Address Line 1: 804 S. Laurel St.
Payee Address Line 2:
City/State/Zip Code: Springfield, GA 31329

Payee Information:

Federal Employer Identification No.: 58-6000821
OR
Social Security No,, if sole proprietor or not incorporated:

Contact Information:

Finance Contact Name: Mike Smith
Finance Contact Phone No,: 912-429-1651
Finance Email Address (deposits): mjsmith@effinghamcounty.org
Finance Email Address (withdrawals): mjsmith@effinghamcounty.org
(if different from deposits email address)
SAM Unique Entity Identification No.: WCFEKENTR7A8
E-Verify No.: 2271435
E-Verify Date of Authorization/Issuance: 9/13/23

These instructions are authorized, and the terms and conditions for Electronic Funds Transfer deposits and withdrawals included in the instructions are accepted by the below authorized representative:

Printed Name: Mark W. Barnes
Authorized Signature and Date: Mark W. Barnes
(electronic signature is accepted)

FINANCIAL INSTITUTION FOR DEPOSITS

Bank Name: Truist
Bank Address Line 1: 214 N. Tryon St.
Bank Address Line 2:
City/State/Zip Code: Charlotte, NC 28202
Bank Phone No. 844-487-8478
ABA/Routing No.: 061113415
(must be nine digits)
Account No.: 1110019091140
(include all leading zeroes, if any)

Use same information above for withdrawals to repay loans: Yes ☑ No ☐
(if no, please complete the section below)

FINANCIAL INSTITUTION FOR WITHDRAWALS

Bank Name:
Bank Address Line 1:
Bank Address Line 2:
City/State/Zip Code:
Bank Phone No.:
ABA/Routing No.:
(must be nine digits)
Account No.:
(include all leading zeroes, if any)

Important Information:
A signed letter on your bank's letterhead, a voided pre-printed check, or voided pre-printed check verifying your account information must accompany this completed form. Please complete this form in it's entirety. Vendor account setup will be delayed if the form is not complete and will be returned until all applicable information requested is received. Due to increasing fraud and identify theft, additional account verification measures may be taken by the Georgia Environmental Finance Authority or agents of its component unit.

INSTRUCTIONS

Header Section:

If you would like the Georgia Environmental Finance Authority (or its component unit) to use this banking information for every deposit or withdrawal for you or your organization, click the upper
1 right check box.
2 Invoice or Award/Project Number. This information may be pre-filled. If not, and you have not selected the above check box, indicate the invoice or document number for deposit or withdrawal.

Payee Legal Name Section:

1 Enter payee's legal name, address, payee, and contact information in the indicated fields.
2 SAM.GOV Unique Entity Identification No. A Unique Entity Identifier (UEI) number is a unique nine-digit identifier for businesses, issued by SAM (System for Award Management). You can think of it as your business's social security number, except you have to request one rather than automatically being assigned one.
3 E-Verify No. Is a number assigned to each participating employer in the United States that serves as a unique identifier for their E-Verify account, which is a web-based system used to verify the employment eligibility of newly hired employees.
4 E-Verify Date of Authorization/Issuance. This date is the date you registered for E-Verify.
5 Printed Name. Type name of financial contact.
6
Authorized Signature and Date. An authorized representative who is listed as a bank contact must sign form electronically or by ink. Please date when the form was signed and authorized.

Financial Institution for Deposits Section:

1 Provide bank name, address, and phone number.
2 ABA/Routing No. Enter your ABA (America's Banking Association) number oftentimes referred to as routing number for the financial institution.
3 Account No. Enter your checking or savings account number to receive deposits into.

Primarily For Loan Recipients and other entities who allow electronic debit:

As a convenience, if you are using the same banking information for deposits and withdrawals, please indicate so and skip this section.

Financial Institution for Withdrawals Section:

1 Provide bank name, address, and phone number.
2 ABA/Routing No. Enter your ABA (America's Banking Association) number oftentimes referred to as routing number for the financial institution.
3 Account No. Enter your checking or savings account number to have funds withdrawn from.

Vendor No: 6690-1 HUSSEY,GAY,BELL & DEYOUNG, INC Our Customer No:

Invoice	Date	Description	Payable	Discount	Net Payable
12503535	07/02/2025	Inv. 12503535 Project 1242244	37,058.00	0.00	37,058.00
12503536	07/02/2025	Inv. 12503536- Project 1242244	37,058.00	0.00	37,058.00
12503538	07/02/2025	Inv. 12503538- Project 1222244	35,982.75	0.00	35,982.75
20250370	10/14/2025	Project # 222480205 Central Sc	6,000.00	0.00	6,000.00

EFFINGHAM CO. BOARD OF COMMISSIONERS Check No: 1440 10/17/2025 [illegible] $116,098.75

Vendor No: 6690-1 HUSSEY,GAY,BELL & DEYOUNG, INC Our Customer No:

Invoice	Date	Description	Payable	Discount	Net Payable
12503535	07/02/2025	Inv. 12503535- Project 1242244	37,058.00	0.00	37,058.00
12503536	07/02/2025	Inv. 12503536- Project 1242244	37,058.00	0.00	37,058.00
12503538	07/02/2025	Inv. 12503538 Project 1222244	35,982.75	0.00	35,982.75
20250370	10/14/2025	Project # 222480205 Central Sc	6,000.00	0.00	6,000.00

EFFINGHAM CO. BOARD OF COMMISSIONERS Check No: 1440 10/17/2025 [illegible] $116,098.75

EFFINGHAM COUNTY GEORGIA

EFFINGHAM CO. BOARD OF COMMISSIONERS
804 S LAUREL ST
SPRINGFIELD GA 31329 6816
SPLOST 2021

TRUIST
804 S LAUREL ST
SPRINGFIELD GA 31329-6816

64-1341
611
111001909114O

Check Date	Check No	Amount
10/17/2025	1440	$116,098.75

PAY **** *ONE HUNDRED SIXTEEN THOUSAND NINETY EIGHT AND 75/100 DOLLARS*

TO THE ORDER OF
HUSSEY,GAY,BELL & DEYOUNG, INC
329 COMMERCIAL DR SUITE 200
SAVANNAH GA 31406

[redacted]

Authorized Signature

⑈1440⑈ ⑆061113415⑆ 111001909114O⑈