**Please copy the attached memo on your office/agency letterhead and complete all sections, naming those individuals you wish to authorize for each function.**

The authorization remains in effect until revoked through written notification (memo or e- mail; there is no standard form for this).

The “*Temporary Authorization”* should be used in the event that the authorized individuals will be unavailable and you wish to designate another person to perform their duties. The temporary form must be copied on your agency letterhead and submitted at least two days prior to the effective date of the form.

Forms should be returned to:

Franklin County Auditor’s Office

Fiscal Services Division

373 S High St 21st Floor

Columbus, OH 43215-6310

Attachments

**SIGNATURE AUTHORIZATION**

# ACCOUNTS PAYABLE

These individuals are hereby authorized to sign Invoice Entry Proof Lists for this office/agency.

|  |  |  |
| --- | --- | --- |
| **Name (Printed)** | **Title** | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

These individuals are hereby authorized to pick up Accounts Payable checks.

|  |  |  |
| --- | --- | --- |
| **Name (Printed)** | **Title** | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# PAYROLL

These individuals are hereby authorized to receive the Final Payroll Proof for this office/agency.

|  |  |  |
| --- | --- | --- |
| **Name (Printed)** | **Title** | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

These individuals are hereby authorized to sign the Final Payroll Proof for this office/agency.

|  |  |  |
| --- | --- | --- |
| **Name (Printed)** | **Title** | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

These individuals are hereby authorized to pick up payroll checks for this office/agency.

|  |  |  |
| --- | --- | --- |
| **Name (Printed)** | **Title** | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**AUTHORIZED BY** (Signature of elected official/appointing authority/board director):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Print name)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Signature)**

***To revoke authorization, send a memo to Auditor – Fiscal Services, 21st Floor or an e-mail to rlcaldwe@franklincountyohio.gov. Please specify the name of the person whose authorization is being revoked.***

**TEMPORARY AUTHORIZATION**

# ACCOUNTS PAYABLE(Check one or both)

The following individual shall be ***TEMPORARILY*** authorized to:

Sign Invoice Entry Proof Lists for this office/agency

Pick up Accounts Payable checks for this office/agency

**Beginning Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# PAYROLL (Check all that apply)

The following individual shall be ***TEMPORARILY*** authorized to:

Receive the Final Payroll Proof for this office/agency

Sign the Final Payroll Proof for this office/agency

Pick up Payroll checks for this office/agency

**Beginning Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AUTHORIZED BY** (Signature of elected official/appointing authority/board director):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Print name)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature)**

***This temporary authorization does not need to be revoked. It will automatically expire on the ending date.***

**SIGNATURE AUTHORIZATION ADDENDUM**

***ADDITION***

# ACCOUNTS PAYABLE(Check one or both)

The following individual shall be authorized to:

Sign Invoice Entry Proof Lists for this office/agency

Pick up Accounts Payable checks for this office/agency

**Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# PAYROLL (Check all that apply)

The following individual shall be authorized to:

Receive the Final Payroll Proof for this office/agency

Sign the Final Payroll Proof for this office/agency

Pick up Payroll checks for this office/agency

**Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AUTHORIZED BY** (Signature of elected official/appointing authority/board director):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Print name)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature)**

***This authorization is an addendum to the original authorization on file in the Auditor’s Office Fiscal Division/Payroll Department.***