

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

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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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

Name (Printed)

Title

Signature

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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PAYROLL

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

Name (Printed)

Title

Signature

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

Name (Printed)

Title

Signature

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

Name (Printed)

Title

Signature

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

(Print name) Agency: _____

(Signature) Date: _____

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):

(Print name) **Agency:** _____

(Signature) **Date:** _____

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):

(Print name) Agency: _____

(Signature) Date: _____

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