# AUTHORIZATION FORM

## for Financial Transaction Signatories

**District or Agency:** _____

**Date:** _____

The following person(s) have been authorized by Board-approved resolution (please attach a copy) as signatories for specific financial transactions submitted to the Yakima County Treasurer's Office:

**Auditing Officers:**

| | |
|---|---|
| Typed or Printed Name | Signature |
| Typed or Printed Name | Signature |
| Typed or Printed Name | Signature |

**Investing Officers:**

| | |
|---|---|
| Typed or Printed Name | Signature |
| Typed or Printed Name | Signature |
| Typed or Printed Name | Signature |

**Signers for Warrant Registers and Void Warrant Agreements:**

**Note: The Board President or Chairman should be the signer of the Register Certificate submitted to the County Treasurer, unless your Board has authorized by Resolution an auditing officer to sign the Register Certificate (please attach resolution). A district or agency may use this Authorization if their legislative authority approves the warrants after issuance.**

| | |
|---|---|
| Typed or Printed Name | Signature |
| Typed or Printed Name | Signature |

(01-2013)