

AUTHORIZATION FORM

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
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_____ Typed or Printed Name	_____ Signature
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_____ Typed or Printed Name	_____ Signature
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Investing Officers:

_____ Typed or Printed Name	_____ Signature
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_____ Typed or Printed Name	_____ Signature
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_____ Typed or Printed Name	_____ Signature
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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 (Board President or Chairman)	_____ Signature
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_____ Typed or Printed Name	_____ Signature
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