

Date: _____

**DESIGNATION OF
PAYROLL AND/OR ACCOUNTS PAYABLE
CHECK PICK-UP**

PAYROLL

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

BUDGETARY

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

I hereby authorize the above person(s) to pick up payroll and or budgetary checks as designated above.

Department Head

Department

Please submit this form to auditor@woodcountyohio.gov.

