

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

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

**PAYROLL**

**BUDGETARY**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

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](mailto:auditor@woodcountyohio.gov).**

