

Name of Director	Name of Department		siness Unit	
I hereby authorize the individual(s) listed b Office of State Treasurer.	elow to serve as the department's repre	sentative(s) to receive cl	necks and ACH's from the	
Signature of Department Head		Date		
Individual(s) authorized to ac	cept checks:			
NAME	E-MAIL ADDRESS	s	SIGNATURE	
	/o ACH omoil:			
Individual authorized to receive One individual from each agency must consisting of ACH remittance voucher be sent to one email from the system. vouchers throughout their agency. If the	be listed in this section. This individes processed for that specific agency This individual will be responsible for its individual also picks up checks, h	Due to PeopleSoft lir rthe dissemination of	nitations, this email can only the ACH remittance	
Name	E-mail Address	Signature		