

**State of Delaware**  
**Payroll Authorized Signature Card**

Organization ID  Organization Name  Effective Date

**Only the following are permitted to approve the bi-weekly Payroll Funding Expenditure Authorization:**

	<b>Payroll Authorized Name and Title</b>
<b>1</b>	<input type="text"/>
<b>2</b>	<input type="text"/>
<b>3</b>	<input type="text"/>
<b>4</b>	<input type="text"/>
<b>5</b>	<input type="text"/>

**The above names are authorized by:**

<b>Organization Head Name and Title (typed)</b>	<b>Organization Head Authorized Signature</b>
<input type="text"/>	

Return to: Payroll Compliance Group, Division of Accounting  
Mail: SLC D570C      Email: [PCG.DOA@delaware.gov](mailto:PCG.DOA@delaware.gov)      Fax: 302-739-1304