Form DA-04-121 (Rev. 5/09)
Department of Accounts

Authorized Signatories

Commonwealth of Virginia

Fiscal Year: **Agency Name:** **Agency No.:**

Agency Address: **Control Agency No.:**

Fiscal Officer: **Phone No:** **Fax No:**

Fiscal Officer E-Mail Address:

To the Comptroller: *The employees whose signatures appear below are authorized to approve and release expenditure documents and transactions and/or certify payroll for this agency, department or institution.*

DOA Payroll Service Bureau (Participating Agency) ☐ ***Yes*** ☐ ***No***

As a participating agency, the employees whose signatures appear on Form PSB-01-001, Authorized Parties for CIPPS Payroll Certification Entry, are authorized to enter the CIPPS Payroll Certification details on behalf of the parties authorized to certify payroll for this agency, department or institution.

Head of Agency, Department of Institution

Print Name: **Signature:**

Title: **Date:** **Agency Head Phone No.:**

(This form remains effective through the end of the designated fiscal year).

Print Name:	**Title:**	**Signature:**	**Check Authorization:** Expend.	Payroll

(Two CARS Security Officers (CSO) must be designated above)

Return Completed Signature Card with Original Signatures to DOA, Compliance Assurance Unit

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