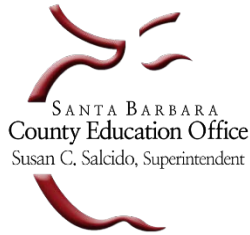


Return completed original "wet" ink signature form to:  
School Business Advisory Services



**CHARTER**  
**GOVERNING BOARD MEMBER ORGANIZATION**

---

**CHARTER:** \_\_\_\_\_

Name: \_\_\_\_\_ Title: **Board President**  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Year term expires: \_\_\_\_\_ Trustee area # (if applicable) \_\_\_\_\_

Name: \_\_\_\_\_ Title: **Clerk**  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Year term expires: \_\_\_\_\_ Trustee area # (if applicable) \_\_\_\_\_

Name: \_\_\_\_\_ Title: **Board Member**  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Year term expires: \_\_\_\_\_ Trustee area # (if applicable) \_\_\_\_\_

Name: \_\_\_\_\_ Title: **Board Member**  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Year term expires: \_\_\_\_\_ Trustee area # (if applicable) \_\_\_\_\_

Name: \_\_\_\_\_ Title: **Board Member**  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Year term expires: \_\_\_\_\_ Trustee area # (if applicable) \_\_\_\_\_

Name: \_\_\_\_\_ Title: **Board Member**  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Year term expires: \_\_\_\_\_ Trustee area # (if applicable) \_\_\_\_\_

Name: \_\_\_\_\_ Title: **Board Member**  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Year term expires: \_\_\_\_\_ Trustee area # (if applicable) \_\_\_\_\_

The below named individual is the Secretary to the Board.

Name: \_\_\_\_\_ Title: **Secretary**  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

I certify that all the information provided herein is true and correct.

**Board President's Signature:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

REFERENCE:  
EC§1010, 35025, 35250, 35143, 72000(B)(5)(C)(2)A,B,C  
CSBA BOARD BYLAWS 9100, 9121, 9122

**ATTACHMENT A**



**CHARTER  
GOVERNING BOARD AUTHORIZED  
SIGNATURE FORM**

---

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Number of Board Members: \_\_\_\_

District: \_\_\_\_\_

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Board Member Signature	Typed Name

REFERENCE:  
EC§ 17604; 35161; 42632; 42633;  
70902; 85232; 85233; & 81655

**ATTACHMENT B**

Return completed original "wet" ink signature form to:  
School Business Advisory Services



**AUTHORIZED SIGNATURES**  
**CHARTER PERSONNEL APPROVED BY THE BOARD**  
**FOR RELEASE OF COMMERCIAL AND PAYROLL WARRANTS**

---

**CHARTER:** \_\_\_\_\_

Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll

I certify that the names and signatures above are authorized district personnel who may receive warrants on behalf of our district.

**Board President's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ATTACHMENT C**



**CHARTER**  
**CHANGES TO AUTHORIZED SIGNATURES**  
**PERSONNEL APPROVED BY THE BOARD**  
**FOR RELEASE OF COMMERCIAL AND PAYROLL WARRANTS**

---

**CHARTER:** \_\_\_\_\_

**ADDITIONS:**

Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll

**DELETIONS:**

Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll

I certify that the above changes to authorized district personnel who may receive warrants on behalf of our district.

**Board President's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: Please use this form if there are changes that occur throughout the year.

**ATTACHMENT C(1)**



# CHARTER AUTHORIZED SIGNATURES PERSONNEL APPROVED BY THE BOARD TO ACT AS DISTRICT AGENTS

**CHARTER:** \_\_\_\_\_

Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll

I certify that the above individuals are authorized to act as agents of the governing board.

**Board President Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**REFERENCE:**  
K-12: EC§42632, 42633, 17604  
COMMUNITY COLLEGE: EC§85232, 85233, 85655

**Note for Escape Financial System Users:** The district must have an active employee with access to Escape in order to authorize accounts payable warrants. This form is needed in order to grant activity permissions necessary to authorize payments in Escape.

**ATTACHMENT D**



# CHANGES TO AUTHORIZED SIGNATURES **CHARTER PERSONNEL APPROVED BY THE BOARD** **TO ACT AS DISTRICT AGENTS**

**CHARTER:** \_\_\_\_\_

**ADDITIONS:**

Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll

**DELETIONS:**

Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll

I certify that the above changes to authorized individuals to act as agents of the governing board.

**Board President's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Note for Escape Financial System Users: The district must have an active employee with access to Escape in order to authorize accounts payable warrants. This form is needed in order to grant activity permissions necessary to authorize payments in Escape.

REFERENCE:  
 K-12: EC\$42632, 42633, 17604  
 COMMUNITY COLLEGE: EC\$85232, 85233, 85655

Note: Please use this form if there are changes that occur throughout the year.

**ATTACHMENT D(1)**