



AUTHORIZATION TO RECEIVE CHECKS FROM STATE TREASURER
NORTH DAKOTA STATE TREASURER
 SFN 7015 (5-2005)

I, _____, Director of _____, do hereby authorize the individual(s) listed below to serve as the department's representative(s) to receive checks from the Office of the State Treasurer.

Date:	Signature of Department Head:
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Individual(s) authorized to accept checks:

Name:	E-mail Address:	Signature:
Name:	E-mail Address:	Signature:
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