



## Rockingham County Credit Card Authorized User Designation

I \_\_\_\_\_, designate the following individual as an authorized user on my Rockingham County credit card account. I hereby certify that I will be responsible for all usage by my designated authorized user and understand that I am fully responsible for all AP warrant submissions.

\_\_\_\_\_  
Designated User (Please Print)

\_\_\_\_\_  
Employee ID#

\_\_\_\_\_  
Signature of Employee Authorizing Use

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Finance Director

\_\_\_\_\_  
Date