



# Final Authorization in Case of Employee Death

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Employee Last Name

First Name

Middle Initial

**I hereby authorize the City of Ontario, in the event of my death, to issue any warrants or checks that would have been payable to me, to:**

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Full Name of Authorized Person

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Relationship to Employee

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SSN of Above Listed Person

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Date of Marriage (if applicable)

**This authorization is made pursuant to Chapter 650, Article 2.7, and Section 53245 of the Government Code.**

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Employee Signature

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Date