



Final Authorization in Case of Employee Death

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:

Full Name of Authorized Person

Relationship to Employee

SSN of Above Listed Person

Date of Marriage (if applicable)

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

Employee Signature

Date