

## **AUDITOR OF STATE OF OHIO**

## COUNTY FINANCIAL INSTITUTION PROCESSING CONTRACT CERTIFICATION

| Now come the financial instit    | ution identified below, ar  | nd the Treasurer of _  |                      |
|----------------------------------|-----------------------------|------------------------|----------------------|
| County, Ohio; who, pursuant      | to Section,                 | Ohio Revised Code      | , hereby certify     |
| that the records of the financi  |                             |                        |                      |
| No, attached h                   | ereto and incorporated he   | rein, are subject to e | xamination by the    |
| Auditor of State of Ohio to th   |                             |                        |                      |
| agreed to perform were being     |                             |                        |                      |
| agreed to perform were come      | perrenance of the riems.    |                        |                      |
| WITNESS:                         |                             |                        |                      |
|                                  | Financial Institution:      |                        |                      |
|                                  | $\mathbf{DV}$ .             |                        |                      |
|                                  | Authorized Financial Ins    | titution Officer/Age   | nt                   |
|                                  |                             |                        |                      |
| Sworn to and subscribed in m     | ny nresence on this the     | day of                 | 20                   |
| Sworn to and subscribed in it    | ly presence on this, the    | day 01                 | , 20                 |
|                                  |                             |                        |                      |
|                                  | Notary Public               |                        |                      |
|                                  |                             |                        |                      |
| My Commission Expires: WITNESS:  |                             |                        |                      |
|                                  | Treasurer                   |                        |                      |
|                                  | Treasurer                   |                        |                      |
| Sworn to and subscribed in m     | ly presence on this, the    | day of                 | . 20                 |
|                                  | <i>y</i> <u> </u>           |                        |                      |
|                                  |                             |                        |                      |
|                                  | Notary Public               |                        |                      |
| Mar Camanianian Familian         |                             |                        |                      |
| My Commission Expires:           |                             |                        |                      |
| <u>-</u>                         | ACCEPTANCE OF CER           | <u>TIFICATION</u>      |                      |
| This will verify the financial   | institution and the treasur | er have given assura   | nces satisfactory to |
| the auditor of state that record |                             | -                      | <u> </u>             |
| payments covered by the con      |                             |                        | •                    |
| same extent as if the services   |                             | •                      |                      |
| performed by the treasurer.      | the imaneial motitation in  | as agreed to perform   | were being           |
| performed by the treasurer.      |                             |                        |                      |
|                                  |                             |                        |                      |
| APPROVED:                        |                             |                        | <del></del> .        |
|                                  | Auditor of State / Chief I  | Deputy Auditor / Des   | signee               |