



FINANCE DIVISION

City of Huntington
Finance Division
P.O. Box 1659 | Huntington, WV 25717
(304) 696-5540, option 4
finance@huntingtonwv.gov

Power of Attorney Authorization

Authorization gives the person named on this form specified powers to act on your behalf in interacting or communicating with the City of Huntington's Finance Division.

Business Information	
Business Name:	
Address:	
Phone:	
SSN, FEIN, or License Account #:	
Agent Information	
Name of Agent:	Phone:
Address:	
SSN, Bar # or CAF #:	
Authorization - Type of Account and Account Number(s)	
Acts Authorized (Select one)	
<input type="checkbox"/> Full Authority	
I hereby give the agent named above authorization to act on my behalf in interacting or communicating with the City of Huntington's Finance Division to receive confidential information concerning me to extend the period during which I am liable for assessment/payment of the above-listed accounts to sign and return forms; to make and sign agreements settling matters in dispute; to assign this Power of Attorney to another person approved by me in writing; and to receive (but not to endorse and cash) any checks issued by the Finance Division.	
<input type="checkbox"/> Restricted Authority	
I hereby give the agent authorization to represent me in dealing with the City of Huntington's Finance Division with the following restrictions:	
_____	_____
Signature of Principal Individual	Date
Expiration: The powers granted by this authorization are valid until	
<input type="checkbox"/> Revoked	<input type="checkbox"/> Liability for delinquent accounts listed above is satisfied
<input type="checkbox"/> Other (explain) _____	
Witness or Notary (Select and complete one of the following) <i>If a power of attorney is granted to someone other than an attorney or certificated public accountant, the business owners(s) signature must be witnessed or notarized.</i>	
<input type="checkbox"/> Witness: The person signing as/for the business owner(s) is/are known to and signed in the presence of the disinterested witnesses who have signed below:	<input type="checkbox"/> Notary: The person signing as/for the business owner (s) appeared this day before a notary public and acknowledged this power of attorney as a voluntary act and deed:
_____	_____
Signature of Witness	Date
_____	_____
Signature of Notary	Date
NOTARY SEAL	
OFFICE USE ONLY: APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> INITIALS _____ NOTES _____	