

Authorization Certificate

The undersigned hereby certifies that he or she is the duly appointed Finance Director
 (Title)

of Kensington Police Protection and Community Services District ("Agency"), with authority to act
 (Name of Your Agency)

on behalf of Agency, and further certifies that the persons whose names appear below are authorized to act on behalf of Agency to give proper directions, instructions, and notices with respect to EFT (Electronic Funds Transfer), investment activities, EDP (Electronic Deposit Permit), Wells Fargo Bank CEO system, and/or other treasury operation related activities. Agency further certifies that the true signature of each such person is set below, and that Contra Costa County Treasurer may rely upon this certificate until such time as the County Treasurer receives another certificate bearing a later date.

Name	Signature	Authorization (mark all applicable)
Alexandria Aquino-Fike		<input checked="" type="checkbox"/> EFT <input checked="" type="checkbox"/> Inv. <input checked="" type="checkbox"/> EDP <input checked="" type="checkbox"/> CEO <input type="checkbox"/> Other(see pg. 2)
Sarah A. Gough		<input checked="" type="checkbox"/> EFT <input checked="" type="checkbox"/> Inv. <input checked="" type="checkbox"/> EDP <input checked="" type="checkbox"/> CEO <input type="checkbox"/> Other(see pg. 2)
Cassandra Rose Duggan		<input checked="" type="checkbox"/> EFT <input checked="" type="checkbox"/> Inv. <input checked="" type="checkbox"/> EDP <input checked="" type="checkbox"/> CEO <input type="checkbox"/> Other(see pg. 2)
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Attested to:

Printed Name: Lisa Mundis Signature: _____

Title: Finance Director Date: December 8, 2022

If the certified authorization falls under other treasury operation related activities, please check “other” and describe the specific authorization below next to the person’s name if needed.

Name	Description of “Other” Authorization