

SIGNATURE AUTHORIZATION FORM

Authorized Signatures for Requests for Payment on CDBG Account	
Community Name:	Address:
Contract Number (Leave blank if not assigned):	Community Contact Phone Number:
TWO SIGNATURES ARE REQUIRED ON EACH REQUEST FOR PAYMENT SUBMITTED TO THE STATE	
Typed Name and Authorized Signature	Typed Name and Authorized Signature
Typed Name and Authorized Signature	Typed Name and Authorized Signature
I certify that the signatures above are of the individuals authorized to sign Requests for Payment	
Date and Signature of Local Elected Official (This may not be any of the authorized signers above)	