

**AUTHORIZED SIGNATURE FORM FOR DISBURSEMENT REQUESTS**

**Updated Information**

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Recipient Name

\_\_\_\_\_  
SHARS ID Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Contact Person (Name & Phone #)

**Disbursement Requests require** *(check one)*

**ONE Signature**

**TWO Signatures  
(recommended)**

**Persons Authorized to Sign Request for Funds:** At least one employee must be authorized to request funds for the contract identified above.

1. \_\_\_\_\_  
Signature Date  
\_\_\_\_\_  
Name Title

2. \_\_\_\_\_  
Signature Date  
\_\_\_\_\_  
Name Title

3. \_\_\_\_\_  
Signature Date  
\_\_\_\_\_  
Name Title

4. \_\_\_\_\_  
Signature Date  
\_\_\_\_\_  
Name Title

**CERTIFICATION**

The certifying representative may not sign this document prior to obtaining the signatures of individuals authorized above to sign requests for funds. The certifying representative may not be authorized above to sign requests for funds.

I certify that the signature(s) shown above are the legal signature(s) of those representative authorized by the recipient organization to sign requests for HTFC funds from the Office of Community Renewal.

\_\_\_\_\_  
Signature of certifying representative

\_\_\_\_\_  
Date (must be later than above dates)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title