AUTHORIZED SIGNATURE FORM FOR DISBURSEMENT REQUESTS

☐ **Updated Information**

Program Name	
Risk Reduction & Insurance Affordability	
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 Risk Reduction & Insurance Affordability program.

Signature of certifying representative _____ Date **(must be later than above dates)** _____

Name _____ Title _____