

AUTHORIZED SIGNATURE FORM

AUTHORIZED SIGNATURES FOR REQUESTS FOR PAYMENT ON THE THDA NATIONAL HOUSING TRUST FUND ACCOUNT	
1. Grantee Name:	2. Address:
3. Contract Number:	4. Telephone Number:
TWO ORIGINAL SIGNATURES ARE REQUIRED FOR EACH PAYMENT REQUEST SUBMITTED TO THDA	
It is recommended that four signatures be shown to permit flexibility in making draw downs. Signatures of individuals authorized to sign National Housing Trust Fund Requests for Payment:	
5. Typed Name and Signature:	5. Typed Name and Signature:
5. Typed Name and Signature	5. Typed Name and Signature:
I certify that the signatures of the above individuals are only those persons authorized to sign National Housing Trust Fund Requests for Payment	
6. Signature of Grantee or General Partner AUTHORIZING OFFICIAL:	
Print Name: _____	Title: _____
Sign: _____	Date: _____

NOTE: THE GRANTEE OR GENERAL PARTNER AUTHORIZING OFFICIAL WHO SIGNS IN BLOCK 6 MAY NOT BE ONE OF THE PERSONS AUTHORIZED TO SIGN A REQUEST FOR PAYMENT (PERSONS LISTED IN BLOCK 5). IN OTHER WORDS, AN INDIVIDUAL CANNOT CERTIFY HIS OR HER OWN SIGNATURE.

A new form must be submitted whenever authorized signers change.