



Authorized Signatories

Name of Public Entity: _____

The following individuals are authorized signatories for the named public entity:

Name (Mr./Mrs./Ms., First, Middle Initial, Last)

Title

Address (Street, City, State, Zip Code)

Telephone Number

Extension

Facsimile Number

E-mail Address

Signature

Mail E-mail

Name of Person to receive Monthly Statements

Fax E-mail

Name of Person to receive Transaction Confirms

Name of Person (Key Contact) to receive program correspondence and official notices

Please include Board Minutes authorizing the above signatories or sign below:

Signatures authorized by:

Signature

Title

Date