

**AUTHORIZED SIGNATURE FORM**

<b>AUTHORIZED SIGNATURES FOR REQUESTS FOR PAYMENT ON THE THDA HOME ACCOUNT</b>	
1. Grantee Name:	2. Address:
3. Contract Number:	4. Telephone Number:
<b>TWO ORIGINAL SIGNATURES ARE REQUIRED FOR EACH PAYMENT REQUEST SUBMITTED TO THDA</b>	
It is recommended that four signatures be shown to permit flexibility in making draw downs. Signatures of individuals authorized to sign HOME 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 HOME Requests for Payment	
6. Signature of Chief Elected Official:	Date:

**NOTE: THE CHIEF ELECTED 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 ELECTED OFFICIAL CANNOT CERTIFY HIS OR HER OWN SIGNATURE.**

A new form must be submitted whenever authorized signers change.