

**CITY OF CHATTANOOGA
AUTHORIZED SIGNATURE FORM**

AUTHORIZED SIGNATURES FOR REQUESTS FOR PAYMENT	
1. Grantee Name:	2. Address:
3. Contract Number:	4. Telephone Number:
ORIGINAL SIGNATURES ARE REQUIRED FOR EACH PAYMENT REQUEST SUBMITTED TO THE CITY	
It is recommended that two signatures be shown to permit flexibility in making draw downs. Signatures of individuals authorized to sign Requests for Payment:	
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 Requests for Payment	
6. Signature of Authorizing Official:	Date:

NOTE: THE 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).

A new form must be submitted whenever authorized signers change.