

Authorized Signature Form

Purpose: To provide the names and signatures of those at the agency with authorization to process MHDC documents.

Agency Name:	
Grant Number(s):	

Authorized Signatures

* **Authorizing Official**

Printed Name: _____ Title: _____

Signature: _____ E-Signature: _____

* **Additional Signature 1**

Printed Name: _____ Title: _____

Signature: _____ E-Signature: _____

Additional Signature 2

Printed Name: _____ Title: _____

Signature: _____ E-Signature: _____

Additional Signature 3

Printed Name: _____ Title: _____

Signature: _____ E-Signature: _____

* At least two authorized signature boxes must be completed

Note: All grant documents requiring signature(s) must be signed only by persons designated above.

I hereby certify that the above signatures are of the individuals authorized to sign documents for the above-referenced grant(s).

_____ Signature (Authorizing Official)	_____ Title
_____ Print	_____ Date

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.