



Authorized Signature Form

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

<b>Agency Name:</b>	
<b>Grant Number(s):</b>	

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.