

Authorized Signature Card for Cash Payments on Oregon Business Development Department Awards	
<b>Recipient</b> <b>City of Green Trees</b>	<b>Project Number</b> <b>P01000</b>
<b>Signatures of Individuals Authorized to Request Payments</b> (Two signatures are required to sign or countersign)	
Typed Name and Title (Highest Elected Official may <b>not</b> sign here) <b>Sally Doe, City Finance Director</b> (1) a. Signature _____	Typed Name and Title (Highest Elected Official may <b>not</b> sign here) <b>John Smith, City Recorder</b> (1) b. Signature _____
<b>Additional Signatures (if desired)</b>	
Typed Name and Signature (Highest Elected Official may <b>not</b> sign here) <b>Montgomery Burns, Council Member</b> (1) c. Signature _____	Typed Name and Signature (Highest Elected Official may <b>not</b> sign here) <b>Terry Billings, City Clerk</b> (1) d. Signature _____
I certify that the signatures above are of the individuals authorized to draw funds for the cited project. <b>John Goodguy, Mayor, January 15, 2001</b> (2) _____ Title, Date and Signature of Highest Elected Official for the Recipient (May <b>not</b> be listed in item (1) a-d above)	<b>Approved: Oregon Business Development Department</b> (3) _____ Date and Signature of Manager

**Preparation of the Authorized Signature Card Form:** If a mistake is made, or a change is necessary during the preparation of the signature card form, please prepare a new form, since erasures or corrections of any kind will not be acceptable. If a new form is being submitted to reflect the addition of individuals authorized to draw from the project, please allow at least five days for processing before submitting a payment request with a new name.

**Item # Explanation**

- (1) a-d Type the names and titles, and provide the signatures of the officials of your organization who are authorized to make draws on project funds. (**Note:** A minimum of two signatures are required. You are encouraged to provide three or four signatures to allow flexibility.)
- (2) Enter the date, typed name, title and signature of the **Highest Elected Official** of the Recipient who is authorized to certify the authenticity of the signatures of individuals listed in Item (1) a through (1) d. The person signing here **must not be listed in Item (1) a-d.**
- (3) Leave blank—Business Development Department will sign here.

Complete one form and return it to: Oregon Business Development Department  
 775 Summer Street NE, Suite 200  
 Salem, OR 97301-1280