



## Authorized Signature Card for Request for Payment Form

**PROJECT NAME:** \_\_\_\_\_

Grant issued in favor of (Recipient):	Issued by the State of Ohio  Ohio Housing Finance Agency 57 East Main Street Columbus, OH 43215
Typed Name, Title and Signature	Typed Name, Title and Signature
Typed Name, Title and Signature	Typed Name, Title and Signature

**NOTE: A minimum of two signatures are required on every Request for Payment form (Draw).**

I certify that the above signatures are of the individuals authorized to sign the Request for Payment form.

\_\_\_\_\_

Date                      Signature of Authorizing Official (Recipient)

The authorizing official must also complete and submit the Signature Certificate.

This document hereby supersedes any and all previous forms " Authorized Signature Card for Payment and Status of Funds Report" submitted by the Recipient for the project noted. All Previous forms are hereby null and void.