

**AUTHORIZED SIGNATURE CARD
FOR DRAWDOWN OF FUNDS
UNDER ONEGEORGIA AUTHORITY PROGRAM**

Name of Recipient:	Award Number:
SIGNATURES OF INDIVIDUALS AUTHORIZED TO DRAW ON THE CITED AWARD	
or	
<input type="checkbox"/> ONLY ONE SIGNATURE REQUIRED	
<input type="checkbox"/> ANY TWO SIGNATURES REQUIRED	
Typed Name and Signature	Typed Name and Signature
Typed Name and Signature	Typed Name and Signature
I CERTIFY THAT THE SIGNATURES ABOVE ARE OF THE INDIVIDUALS AUTHORIZED TO DRAW PAYMENT UNDER THE GRANT CITED ABOVE:	
_____ SIGNATURE OF AUTHORIZING OFFICIAL (<i>Recipient</i>)	_____ DATE

INSTRUCTIONS:

1. In order to expedite drawdowns, we request that you list at least two individuals who are authorized to initiate a drawdown.
2. Signature of Authorizing Official must have legal authority to sign on behalf of recipient .
3. Please make sure name is typed next to each individual signature
4. Funds will be sent via ACH wire transfer. You should also complete the Vendor Management Bank Account for automatic deposits.

Note: On all Requests for Drawdowns, please include a formal cover letter from the certifying representative that includes:

1. Recipient Name
2. Award ID#
3. Drawdown Request #
4. Dollar Amount of Funds Requested
5. Statement of Certification:

I have reviewed and certify that the attached invoices or listing and the cost documentation are for eligible expenses related to this Drawdown Request.