

**CERTIFICATION OF AUTHORITIES**

*(Type, save, and print for wet signatures)*

*(Legal Name of Contractor)*

Hereby certifies that:

- The following are specimen signatures and email addresses of individuals authorized on behalf of the contractor to be signatory for execution of agreements and all instruments necessary to execution of agreements

\_\_\_\_\_  
*Name of Person, Title*

\_\_\_\_\_  
*E-Mail Address*

\_\_\_\_\_  
*Specimen Signature*

\_\_\_\_\_  
*Name of Person, Title*

\_\_\_\_\_  
*E-Mail Address*

\_\_\_\_\_  
*Specimen Signature*

\_\_\_\_\_  
*Name of Person, Title*

\_\_\_\_\_  
*E-Mail Address*

\_\_\_\_\_  
*Specimen Signature*

- The following are specimen signatures of individuals authorized on behalf of the contractor to sign checks for the disbursements of funds received from the City of Los Angeles.

\_\_\_\_\_  
*Name of Person*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Specimen Signature*

\_\_\_\_\_  
*Name of Person*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Specimen Signature*

- The \_\_\_\_\_ has been designated as the depository for all funds to be received directly from the City of Los Angeles for EWDD contracts(s).  
*Name of Bank*

- (Optional)* We, \_\_\_\_\_, designate and legally authorize the Controller of the City of Los Angeles to make direct deposits into the:  
*Legal Name of Contractor*

\_\_\_\_\_  
*Name of Bank*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, Zip Code*

Account Number: \_\_\_\_\_

- The following are specimen signatures of individuals authorized on behalf of contractor to sign requisitions for advances and/or reimbursements.

\_\_\_\_\_  
*Name of Person*

\_\_\_\_\_  
*E-Mail Address*

\_\_\_\_\_  
*Specimen Signature*

\_\_\_\_\_  
*Name of Person*

\_\_\_\_\_  
*E-Mail Address*

\_\_\_\_\_  
*Specimen Signature*

\_\_\_\_\_  
*Name of Person*

\_\_\_\_\_  
*E-Mail Address*

\_\_\_\_\_  
*Specimen Signature*

- This certification shall remain effective until a new certification is received by the City of Los Angeles:

CORPORATE SEAL

\_\_\_\_\_  
*Name of Person – Corp. Secretary, Partner, or Contractor*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*