

# CONTRACT

## SIGNATURE AUTHORIZATION FORM

TO: LEWIS-MASON-THURSTON AREA AGENCY ON AGING

FROM: \_\_\_\_\_, CONTRACTOR

This is to certify that: the following named person(s) are authorized by the above named Contractor **to commit the Contractor to the terms and conditions of contracts** written between itself and the Lewis-Mason-Thurston Area Agency on Aging; and their specimen signatures are genuine.

1. \_\_\_\_\_  
Name (typed or printed)

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

2. \_\_\_\_\_  
Name (typed or printed)

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

3. \_\_\_\_\_  
Name (typed or printed)

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

4. \_\_\_\_\_  
Name (typed or printed)

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

By: \_\_\_\_\_  
(President, Chairman of Board or comparable official)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date