



# Authorized Signer & Approver Information Form

This form contains pertinent information for both authorized signer and approvers. You must upload this completed form in the Notes & Attachments eCAT CIF.

## Contract Information

Company Name

## Authorized Signer Information

Provide the list of authorized individuals in the order they should sign. If contract is a nonprofit, the authorized signer(s) must match the Corporate Resolution.

### Authorized Signer(s)

Authorized Signer #1		Email Address	
Title		Phone Number	
Authorized Signer #2		Email Address	
Title		Phone Number	
Authorized Signer #3		Email Address	
Title		Phone Number	
Authorized Signer #4		Email Address	
Title		Phone Number	
Authorized Signer #5		Email Address	
Title		Phone Number	

## Authorized Approver Information

If the contract requires approval before signature, provide the names in the order they should approve.

### Authorized Approver(s)

Authorized Approver #1		Email Address	
Title		Phone Number	
Authorized Approver #2		Email Address	
Title		Phone Number	
Authorized Approver #3		Email Address	
Title		Phone Number	
Authorized Approver #4		Email Address	
Title		Phone Number	
Authorized Approver #5		Email Address	
Title		Phone Number	



Georgia Department  
of Human Services

# Authorized Signer & Approver Information Form

My signature below acknowledges that all information contained in this form is accurate and verified.

## Program Contact

Signature

Title

Printed Name

Date