ECONOMIC AND WORKFORCE DEVELOPMENT DEPARTMENT OF CITY OF LOS ANGELES
CERTIFICATION OF AUTHORITIES

(Legal Name of Contractor) hereby certifies that:

1. The following are specimen signatures of individuals authorized on behalf of contractor to be signatory for execution of agreements and all instruments necessary to execution of agreements

   (Name of Person)  (Title)  (Specimen Signature)
   ____________________  ____________________  ____________________

   (Name of Person)  (Title)  (Specimen Signature)
   ____________________  ____________________  ____________________

   (Name of Person)  (Title)  (Specimen Signature)
   ____________________  ____________________  ____________________

2. The following are specimen signatures of individuals authorized on behalf of 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)
   ____________________  ____________________  ____________________

   (Name of Person)  (Title)  (Specimen Signature)
   ____________________  ____________________  ____________________

3. The _____________________________________________________________________________________________ has been (Name of Bank) designated as the depository for all funds to be received directly from the City Of Los Angeles towards Community Development contracts(s).

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

   (Name of Bank)  (Street Address)  
   ____________________  ____________________

   (City, State, Zip Code)  Account Number: ____________________

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

   (Name of Person)  (Title)  (Specimen Signature)
   ____________________  ____________________  ____________________

   (Name of Person)  (Title)  (Specimen Signature)
   ____________________  ____________________  ____________________

   (Name of Person)  (Title)  (Specimen Signature)
   ____________________  ____________________  ____________________

5. 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)
EWDD Certification of Authorities
04/17/2014 rev