

# DESIGNEE AUTHORIZATION FORM

I request that the individual(s) named below have designated authority to sign on my behalf in my capacity as \_\_\_\_\_ . This authorization is effective until \_\_\_\_\_ (Title) \_\_\_\_\_ revoked by me in writing.

\_\_\_\_\_  
(Print or Type Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## Authorized Designee(s)

- |   |                                  |
|---|----------------------------------|
| 1. _____<br>(Print or Type Designee Name) | 1. _____<br>(Designee Signature) |
| 2. _____<br>(Print or Type Designee Name) | 2. _____<br>(Designee Signature) |
| 3. _____<br>(Print or Type Designee Name) | 3. _____<br>(Designee Signature) |