

# Authorized Signatures Change Form

Read the [Instructions for Completing the Authorized Signatures Change Form](#) before completing this form. Scan and email the completed form to [CNPermanentAgreement@ct.gov](mailto:CNPermanentAgreement@ct.gov). Include "Authorized Signatures Change Form" in the subject line of the email.

This is to certify that on (insert day/month/year) \_\_\_\_\_, as shown in the minutes of

*name of corporation, board of education, or governing body*

the following action was taken to revise the authorized signers of the **ED-099 Agreement for Child Nutrition Programs**.

1. **Signature 1:** The person designated below is authorized to sign this agreement and to sign claims for reimbursement.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_  
*(superintendent of schools, mayor, selectman, president, chairperson of the board, pastor, or commissioner)*

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

2. **Signature 2:** In the absence or incapacity of the first designated individual, the second person designated below is authorized to sign claims for reimbursement.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_  
*(assistant superintendent, business official, principal, headmaster, city or town manager, executive director, or deputy commissioner)*

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

3. **Signature 3:** The signature below certifies the above action.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_  
*(secretary of corporation, town clerk, secretary of the board)*

## For state use only

Effective date: \_\_\_\_\_

Agreement numbers

Adult day care centers: \_\_\_\_\_



CONNECTICUT  
Education

School programs: \_\_\_\_\_

Day care homes: \_\_\_\_\_

Child care centers: \_\_\_\_\_

Summer food service: \_\_\_\_\_

*This institution is an equal opportunity provider.*