

EQUIPMENT LOAN AUTHORIZED SIGNERS

Date _____

1. Name of Institution: _____

2. Authorized Signer Name: _____
(please print)

Title: _____

Contact email: _____

Contact phone: _____

Signature _____

3. Authorized Signer Name: _____
(please print)

Title: _____

Contact email: _____

Contact phone: _____

Signature _____

4. Authorized Signer Name: _____
(please print)

Title: _____

Contact email: _____

Contact phone: _____

Signature _____

The above listed person(s) are authorized to initiate RELP Loans with the
System Office on behalf of _____
(institution name)

(VP of Finance)_____
(Signature)