

# EXHIBIT 1-G

## DEPOSITORY/AUTHORIZED SIGNATORIES DESIGNATION FORM

Grantee: \_\_\_\_\_ CDBG Contract No.: \_\_\_\_\_

Grantee Address: \_\_\_\_\_

The financial lending institution listed will serve as the depository for the New Mexico CDBG contract funds:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CDBG (Non-Interest Bearing) Checking Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

DUNS #: \_\_\_\_\_ TIN #: \_\_\_\_\_

The non-interest bearing checking account identified above has been established with this bank *(or treasury as applicable)*. All necessary documentation, including a power of attorney (where necessary), which will legally enable this depository to receive US Government checks directly from the US Treasury Department without the payee's endorsement have been received and are in this depository's custody. This depository's deposits are federally insured by: **FDIC**.

If the Grantee has received prior approval from the Funding Agency (LGD) to utilize the "3 Day Rule", the Depository hereby agrees to immediately notify the Recipient Organization any time a deposit is made into the above checking account.

\_\_\_\_\_  
*(Title of Authorized Bank Officer)      (Signature of Authorized Bank or Treasury Officer)      (Date)*

The individuals listed below are designated as authorized signators for requesting payment to be deposited into the above checking account. (At least two (2) signatures are required, four (4) are recommended).

_____	_____
_____	_____
(Signature)	(Signature)

_____	_____
_____	_____
(Signature)	(Signature)

I CERTIFY THAT THE SIGNATURES ABOVE ARE INDIVIDUALS AUTHORIZED TO REQUEST DEPOSITS INTO THE ABOVE ACCOUNT  _____ NAME / TITLE OF GRANTEE AUTHORIZING OFFICIAL  _____ SIGNATURE AND DATE (Recipient)	LGD APPROVAL:  _____ NAME / TITLE OF LGD AUTHORIZING OFFICIAL  _____ SIGNATURE AND DATE (LGD Use)
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