Illinois Housing Development Authority
A self supporting public agency

401 N. Michigan Avenue, Suite 700
Chicago, Il 60611
(312) 836-5200 TDD (312) 836-5222
http://www.ihda.org

RESERVE ACCOUNT WITHDRAWAL REQUEST SIGNATURE AUTHORIZATION FORM (COOPERATIVE)

Loan Program No.: _____ Cooperative Name: _____

Development Name: _____ (the "Development")

Development Address: _____

Ladies and Gentlemen:

I (We), the undersigned, as the _____ of the Cooperative, authorize Illinois Housing Development Authority ("IHDA") to honor request to issue funds from all reserve accounts for the Development held by IHDA when such requests are authorized in writing by any (one) or (two) of the following person(s).

Name (Type or Print)	**Signature**

The above mentioned individual(s) have full authority to act on behalf of the Cooperative to authorize disbursement of funds of the Cooperative and/or Development held by IHDA until such time as you are notified in writing of a change in the person(s) so authorized.

I (We), agree to hold IHDA harmless from any liability which may arise due to a written direction from the authorized individual(s) listed above. This agreement shall be in full force and effect and binding upon the Cooperative until written notice shall be given to IHDA by _____ or authorized representative of the Cooperative.

Dated this _____ day of _____, 20____.

By: _____

Title: _____

STATE OF _____)
)
COUNTY OF _____)

On this _____ day of _____, 20____, _____, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me in person and acknowledged that he/she signed and delivered the said instrument as his/her free and voluntary act.

_____
Notary Public

Commission Expires:
_____