

SOUTHERN ALABAMA REGIONAL COUNCIL ON AGING

1075 South Brannon Stand Road / Dothan, Alabama 36305



SARCOA
Area Agency on Aging

CONTRACTOR BILLING & PAYMENT AUTHORIZATION

Contractor:		
Authorization Period	Starting Date:	Ending Date:

The Contractor shall furnish the following information concerning the person(s) authorized to sign for the Contractor pertaining to financial matters related to contracts with the Southern Alabama Regional Council on Aging. *(Who will sign the billing?)*

Name:	Official Signature:
Title:	
Address:	
Telephone #:	

PAYEE: (Specify to whom payment shall be mailed.)

Name:
Title:
Address:

Contractor: _____
(Signature)

(Title)

Notify SARCOA immediately if any of the above information changes.

SARCOA-10-01-2013