



AUTHORIZATION TO RELEASE ARP ECONOMIC RECOVERY ASSISTANCE PAYMENT CHECK

I, _____, have submitted an Application for CRST ARP Economic Recovery Assistance. By signing below, I am certifying that I am unable to pick up my check(s) myself in person or have it/them mailed to me. I am authorizing the individual named below to pick up my CRST ARP Economic Recovery Assistance check(s). I understand that by signing this form, I release CRST of any liability for the check once it is given to the person I have designated and authorized to pick up the check(s) for me.

AUTHORIZED DESIGNEE TO RECEIVE CHECK(S):

NAME: _____ PHONE: _____

ADDRESS: _____

Unless this Authorization is being submitted in person by the Applicant, **it must be notarized.**

_____	_____	_____
Print Name	Signature	Date

STATE OF _____)		
)	SS: _____
COUNTY OF _____)		

This document, "AUTHORIZATION TO RELEASE ARP ECONOMIC RECOVERY ASSISTANCE PAYMENT CHECK," was signed before me on this _____ day of _____, 2021, by _____.

Signature – Notary Public

(SEAL)

Printed Name – Notary Public

My Commission Expires: _____

ACKNOWLEDGEMENT OF RECEIPT OF CHECK(S):

I verify that I received the following Economic Recovery Assistance check(s) payable to the individual(s) listed from the CRST Economic Recovery Office on _____, 2021.

Check Number:	Payable to:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____	_____	_____
Print Name	Signature	Date

===== FOR OFFICE USE =====

Identification of Person Picking Up Check(s) Verified:	_____	_____
	Staff Initials	Date

Check(s) Released:	_____	_____
	Staff Initials	Date