

**COLLEGE ASSURANCE PLAN PHILS., INC.**  
Contract Services Administration

**AUTHORIZATION LETTER**

Subscriber : \_\_\_\_\_  
Nominee : \_\_\_\_\_  
SFA A/C NO : \_\_\_\_\_  
CFP NO. : \_\_\_\_\_  
Contact No. : \_\_\_\_\_

This is to authorize, \_\_\_\_\_, my representative, to do and perform the following acts, to wit:

1. to fill out and sign the Request for Release of Check in my behalf;
2. to sign any voucher, acknowledgment receipt or form or any such document(s) required for the release of the check; and
3. to receive the check.

I hereby certify that the above details are true and correct and any erroneous or untruthful statement shall not subject CAP to any liability whatsoever for any consequences arising therefrom.

Signed this \_\_\_\_ day of \_\_\_\_\_ 2022 at \_\_\_\_\_.

**Name and Signature of the Subscriber/Nominee**

Received by:

Date Received:

\_\_\_\_\_  
Name and Signature of Staff