



**FAMILIES
UNITED**
FOR EQUITY

Together We Can: Fighting for Justice and
Racial Equity in Disability Funding

VENDOR AUTHORIZATION FOR SERVICES

Date: _____

Vendor: _____

Vendor Number: _____

I hereby authorize Families United For Equity, and the members of their professional staff, to perform advocacy work on behalf of the above named Regional Center Vendor. The authorization will remain effective for a period of two years or until revoked in writing and delivering to Families United for Equity.

Signature of Vendor
Representative (18 or over)

Date

