



## AUTHORITY FOR ACCESS

Date \_\_\_\_\_

This shall be considered authorization for the following named individuals to have access to the contents held in the account of:

\_\_\_\_\_  
(Company Name)

located at Data Management. These same individuals shall be considered having authority to order any and all disposition of the contents of this account by personal access, telephone, or written request until further notice.

Printed Name

Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check one of the following selections

\_\_\_\_ This is in addition to any previous authorization

\_\_\_\_ This voids any and all previous authorizations

Signature \_\_\_\_\_

Position \_\_\_\_\_

This authorization must be signed by an officer or other authorized member of the company.