

Authorized Personnel Form

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

Company Name: _____
 Department Name: _____
 Account Number: _____ Date: _____

The same individuals shall be considered to have authority to order any and all disposition of the content of this account by personal access, online, telephone or written request until further notice.

For Access to documentation, please supply the following names:

Add to Existing Authorizations

Voids Previous Authorizations

Printed Name & Surname	Title	Designation	Telephone #	Signature

For our records, please supply the following names:

	Printed Name & Surname	Title	Designation	Telephone #
Primary Account Contact:				
Alternative Account Contact:				
Department Manager				

Signature of Authorized Individual

Date