



# 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:

Client Name \_\_\_\_\_ Client Account # \_\_\_\_\_

Client Address \_\_\_\_\_ Phone # \_\_\_\_\_

at **Access Information Management, Inc.** 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 written notice.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

**This Authorization Must be signed by an Officer of the Company**

Check One:

- This is in addition to any previous authorization(s)
- This voids any and all previous authorization(s)

Signature \_\_\_\_\_ Title \_\_\_\_\_

This document is confidential and contains the names of those individuals who are authorized to access any and all records stored at Access Information Management. This information is intended only for the use of those individuals. Do not copy or distribute. To maintain security of your records please notify us immediately of any and all changes using the enclosed form.