



ACCOUNT AUTHORIZATION

Account number: _____

The Authorized Individual will have the ability to make the selected change(s) until further notice is received from the Account Holder to revoke such authorization. This form requires signature of both the Authorized Individual and the Account Holder, in order for the change(s) to take effect.

Selected the change(s) below that may be made with this authorization:

- Change of address or wire information
- Placing a minimum payout on the account
- Placing a split on the account
- E-mail addresses
- Name of person(s) to split
- Tax ID
- Change of Transfer Type (i.e., USPS, FedEx or Wire)
- Change of check name
- Issue stop payment on checks
- Account cancellation
- Full access to sensitive account information
- Client Support Technical Authorization (release of technical information)

Authorized Individual Name: _____

Authorized Individual Signature: _____

Account Holder's Name: _____

Account Holder's Signature: _____

All requests need to be filled out and faxed to us. Please do not assume a change has been made until you receive an E-mail confirmation.
Sign and fax the completed form to 1-480-449-8823. E-mail: clientsupport@ccbill.com for assistance.