Stetzer ACCOUNTING
Since1965

Authorization to Communicate

This form authorizes Stetzer Accounting to communicate with financial advisors, financial institutions via email, over the phone or in person.

Name of Client/Business _____

Social Security Number/EIN _____

By signing this form, I formally authorize Stetzer Accounting to speak with, disclose income tax information, and discuss financial plans, investments, and accounts with the authorized institution listed below. Communication may be over email, telephone or in person.

This authorization does not grant Stetzer Accounting the power to execute trades, withdraw or transfer funds, change account ownership, or make binding financial decisions on the client's behalf unless a separate Power of Attorney is provided.

Authorized Institution _____

Address _____

City, State, Zip Code _____

Phone Number _____

Fax or Email _____

This authorization is effective as of _____ and will remain in effect until _____.

As evidenced by my signature, I hereby authorize Stetzer Accounting to communicate with this authorized institution and I assume all liability. A consultation fee of $195 per hour may be invoiced accordingly.

SIGNATURE _____ DATE_____
Client, Business Owner, Power of Attorney, Estate Executor or Legal Guardian

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