



STRATEGY. CLARITY. RESULTS.

Employee Contact Authorization Form

Client Information	
Client Name	

Employee Contact Information	
<input type="checkbox"/> Add Contact	<input type="checkbox"/> Remove Contact
Employee Contact Name	
Daytime Phone Number	
Email Address	

Check here if this contact authorization supersedes a previous Contact Authorization

Designation of Information To Be Released
<p>I authorize FLL Business Solution Corp and affiliates to release the following information to the Client Contact indicated above. By signing, I understand that my information will be sent via mail, e-mail, fax or portal. Also, if needed I am authorizing FLL Business Solution Corp permission to answer questions of the Client Contact about the information I have authorized to be released.</p> <p>This authorization will remain effective until such time, if any, that FLL Business Solution Corp receives in writing, an update or change to this form. FLL Business Solution Corp reserves the right to decline, at its sole discretion, my request for release of information to any Client Contact.</p> <p>Please indicate all information to be released (Please check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual Income Tax Returns (Specify Years If Not All Years) _____ <input type="checkbox"/> Corporate Income Tax Returns (Specify Years If Not All Years) _____ <input type="checkbox"/> Financial Statements (Specify Years If Not All Years) _____ <input type="checkbox"/> Payroll Information (Specify Years If Not All Years) _____ <input type="checkbox"/> Sales Tax Returns (Specify Years If Not All Years) _____ <input type="checkbox"/> Property Tax Renditions (Specify Years If Not All Years) _____ <input type="checkbox"/> Portal Access <input type="checkbox"/> Other _____

Acknowledgements and Signatures		
<p>By my signature below, I certify that I have the authority to execute this form and am a currently authorized signer/owner or other authorized representative for the client indicated above. I agree to indemnify FLL Business Solution Corp against any liability related to the improper release of any information in regard to this release.</p>		
Client Signature	Client Print Name	Date