AUGUSTA DATA STORAGE

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Phone: **(706) 793-0186** ***Fax:*** **(706) 796-1083**

To facilitate your requests and to keep our information current, please fill in as indicated and return this form to our office. The signatures of the authorized persons must appear opposite their names.

Please send the original to our office and keep a copy for your own files.

Thank you.

AUTHORIZATION FOR ACCESS

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

ACCOUNT NAME		
ACCOUNT NUMBER	DEPARTMENT NAME	DEPARTMENT NUMBER
PRINTED NAME	SIGNATURE	PASSWORD (*Required*)

VOIDS ALL PREVIOUS AUTHORIZATIONS ☐

ADDITIONS TO PREVIOUS AUTHORIZATIONS ☐

APPROVED BY:	TITLE / POSITION	DATE

E-FORM: 02Z-229
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