

## ACCOUNT AUTHORIZATION FORM

This form allows Authorized Individuals the ability to make the selected changes until notice is received from the Principal to revoke such authorization. *This form requires signature of both the Authorized Individual and the Principal in order for the change(s) to take effect.*

All requests must be completely filled out, signed, and faxed to 480.449.8801. Alternately, signed requests can be scanned and emailed to [contractadmin@ccbill.com](mailto:contractadmin@ccbill.com).

For assistance in completing this form, please send an email to [contractadmin@ccbill.com](mailto:contractadmin@ccbill.com).

Please enter the account information to which the changes will apply:

Account Number:	Subaccount Number:	-- Revoke Previous Authorization
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The individual whose signature appears below is authorized to perform the following (check all that apply):

- Change Check Address or Wire Information
- Change of Transfer Type (USPS, FedEx, or Wire)
- Change of Name on Check
- Issue Stop Payments on Checks
- Place Minimum Payout/Hold on the Account
- Place a Split on the Account
- Change Name of Person(s) to which Payouts are Split
- Change Email Addresses
- Tax ID Changes
- Full Access to Sensitive Account Information
- Speak with Client Support Regarding Technical Information (Release of Technical Information Allowed)

**NOTE:** Please do not assume a change has been made until you receive email confirmation from CCBill to the email address you have provided for the account.

### AUTHORIZED INDIVIDUAL

Printed Name:
Signature:
Contact Email:

### PRINCIPAL

Principal Printed Name:
Principal Signature:
Title:
Date:
Contact Email: