

Privacy Authorization Form April 2022

In compliance with our Privacy Policy we must update the names of any representatives who are authorized by you to receive confidential information regarding your account with us. These representatives could be your accountant, attorney, family member, etc.

If you wish to add anyone or delete someone's name you provided last year, please enter below.

If there are no additions or changes to be made, please disregard this letter.

Please accept my signature as authorization for the following person(s) to receive information on my account(s) if requested.

PLEASE PRINT

Additions:		
Name:	 Relationship:	
Deletions:	-	
Print Client Name:	 Client Signature:	
Date:		
	Corporate Parkway : Suite 338 : Amherst, NY 14226 16-633-3800 : Fax 716-633-3810	

Florida Office : 3801 PGA Boulevard : Suite 600 : Palm Beach Gardens, FL 33410 800-281-8974