



ACCESS INFORMATION AUTHORIZED USER FORM – FILEBRIDGE

Access Form ID: AccAA01

At Access Information, we take our commitment to protecting our client's sensitive information very seriously. In order to remain compliant, this form must be completed and signed by a Supervisor within your company who is an existing authorized user and is able to make changes to the account. Only users added via this compliant form will be allowed access to the account listed below.

DATE

ACCOUNT NUMBER

ACCOUNT NAME (Legal Entity)

DELIVERY ADDRESS (# and Street Name, City, State and Zip Code) (Please do not list the billing address.)

PHONE NUMBER

Authorized User #1: Please check one of the following: [ ] ADD THIS USER [ ] DELETE THIS USER

Table with 6 columns: First & Last Name, Phone # & Ext, Department #, Delivery Address (If different from above.), Email Address, Access Level

Access Levels can be found described below.

Authorized User #2: Please check one of the following: [ ] ADD THIS USER [ ] DELETE THIS USER

Table with 6 columns: First & Last Name, Phone # & Ext, Department #, Delivery Address (If different from above.), Email Address, Access Level

Access Levels can be found described below.

Authorized User #3: Please check one of the following: [ ] ADD THIS USER [ ] DELETE THIS USER

Table with 6 columns: First & Last Name, Phone # & Ext, Department #, Delivery Address (If different from above.), Email Address, Access Level

Access Levels can be found described below.

Authorized User #4: Please check one of the following: [ ] ADD THIS USER [ ] DELETE THIS USER

Table with 6 columns: First & Last Name, Phone # & Ext, Department #, Delivery Address (If different from above.), Email Address, Access Level

Access Levels can be found described below.

ACCESS LEVELS: (defined for authorized user permissions)

Table with 2 columns: Level (5-1) and Description of permissions

PLEASE SIGN & DATE

Client First Name, Last Name (Please Print Name)

Client Signature & Date

Client Direct Phone Number

Client Email Address

I certify that by completing and signing this Access Information Authorized User Form, I am a legal representative of the above named Account and that I do have the necessary permissions to make any and all changes to the above named Account which includes but is not limited to making destruction requests and approvals. I understand that I am fully responsible for updating and keeping the Authorized Users to this named account current by submitting updates to the Access Information Client CARE Department at clientsupport@accesscorp.com.

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FOR ACCESS USE

[ ] Keyed by \_\_\_\_\_ / \_\_\_\_\_ NOTES:

