

## Authorization to Discuss Client Information

Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

### Executive Contact Information

Executive Contact	
Executive Title	
Executive Phone	
Executive Cell Phone	
Executive Fax	
Executive E-Mail	

### Primary Payroll Contact Information

Executive Contact is also the Primary Payroll Contact.

	Primary Payroll Contact	Back Up Contact
Contact		
Title		
Phone		
Cell Phone		
Fax		
E-Mail		
Notes		

*\*Client acknowledges that the Executive and Primary Payroll Contacts listed above are the only individuals with authority to discuss client payroll information with MinistryWorks. Client must notify MinistryWorks if any changes should be made to these contact individuals. To authorize additional individuals, please contact your MinistryWorks representative. The signer of this form must have authority to sign on behalf of the client.*

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_