
the library

bookkeeping & tax preparation

ONLINE AUTHORIZATION FORM

Company Name:

Company EIN

Address:

E-mail address:

Phone Number:

Name of Owner(s):

Cell Number:

SSN:

Date of Birth:

Mother's Maiden Name:

CPA Name and contact number/e-mail:

Banking:

Bank Name and Account Number

Online ID

Password

Bank Name and Account Number

Online ID

Password

Security Questions/Answers:

Credit Card name and Account Number

Online ID

Password

Security Questions/Answers:

Credit Card name and Account Number

Online ID

Password

Security Questions/Answers:

Credit Card name and Account Number

Online ID

Password

Security Questions/Answers:

By signing below, I hereby authorize The Library, Inc. online access to my accounts for the purpose of account maintenance, transfers, bill payments or any other transactions I authorize.

_____ Date: _____