

SmartVault Access Form

Please make sure all fields are accurately completed.

Company Name				
Company Name <input style="width: 100%;" type="text"/>				
Last Name <input style="width: 60%;" type="text"/>		First Name <input style="width: 40%;" type="text"/>		
Address <input style="width: 60%;" type="text"/>		City <input style="width: 15%;" type="text"/>	State <input style="width: 10%;" type="text"/>	Zip code <input style="width: 15%;" type="text"/>
Authorization				
<p>I am granting individual access on my behalf to the business's smartvault portal folders. The above named firm or individual hereby authorizes representatives whose names appear below to receive full access to the folders selected on this form, for which signature is required, addressed to or in care of, the above named individual or firm, until otherwise notified in writing. Any previous authorizations are hereby revoked.</p>				
Authorized Representatives				
Printed Name	Email Address	Tax Return Folders	Accounting Folders	Payroll Folders
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer's signature _____		Date _____		
Disclaimer				
<p>By signing below, I authorize J Chester & Associates, Inc. to grant access to the business' smartvault portal folders to the above name individual. I agree to the terms as stated in this disclaimer. This agreement will stay in effect until I notify J Chester & Associates, in writing and will take effect immediately.</p>				
Authorization				
Authorized signature _____		Date _____		

