

### Authorized User Change Form

Organization Name: \_\_\_\_\_

Organization City: \_\_\_\_\_ State: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### **PRIMARY CONTACT**

Updating New Primary Contact?      YES      NO

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

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

#### **BILLING CONTACT**

Updating Billing Contact?      YES      NO

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

#### **Add or Remove Users in this section:**

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Circle One:      Adding      Removing

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Circle One:      Adding      Removing

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Circle One:      Adding      Removing

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Circle One:      Adding      Removing

*New users will be emailed login information to email address provided within one business day. Please note clients will be responsible for payment of all profiles entered regardless of user status.*