

# AUTHORIZATION TO USE POST OFFICE BOX

## I. ACCOUNT INFORMATION

ACCOUNT NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCOUNT TITLE: \_\_\_\_\_

## II. CERTIFICATION

I hereby authorize you to send all correspondence, checks and securities to the following P.O. Box:

\_\_\_\_\_  
P.O BOX NUMBER

\_\_\_\_\_  
CITY STATE ZIP

## III. ADDRESS INFORMATION

My home street address of record is:

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

My business street address of record is:

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

## IV. SIGNATURES

\_\_\_\_\_  
(Customer's Signature)

**SIGN HERE**

\_\_\_\_\_  
(Joint Party Signature)

**SIGN HERE**



NACTPOBX