

MEMBER AUTHORIZATION

Member Name: _____ Member Date of Birth: _____

Member E-mail Address: _____

Member Phone Number: _____

Member Address: _____

- 1. I, _____ authorize my funding source to release a copy of my current POA or Guardianship documents to Jean Gottwald, Fiscal Agent.
- 2. I, _____ authorize Jean Gottwald, Fiscal Agent to act as agent including, but not limited to, file returns, make deposits or payments of employment taxes, apply for Federal Employer Identification Number and access any prior payroll records to ensure accurate filing of current reports.
- 3. OPTIONAL: I, _____ authorize Jean Gottwald, Fiscal Agent to release information on hours of service authorized by my funding source, my employee's hours of service to me and any changes to those items to _____
_____. I understand that this authorization is voluntary and not a condition of my FEA services. I understand that with giving this permission that it can be revoked by me at any time by revoking the permission in writing to Jean Gottwald, Fiscal Agent.

Signature Date

Optional: Jean Gottwald, Fiscal Agent follows all Civil Rights and Equal Opportunity regulations. The questions below are used only for government reporting requirements. You can choose to answer or not answer these questions.

Gender: Male Female Ethnicity: Hispanic Not Hispanic

Race (choose one): Black/African American American Indian/Alaskan Native
 Asian White Native Hawaiian/Pacific Islander More than one

Language: English Spanish Hmong Other _____