



Authorized Signature Card

This form will be used for verification purposes. The signature below will be used to verify all official documents.

Please print name: _____

Please sign here: _____

If you would like to authorize a representative to sign your timesheets, please have them sign below. If at any time you would like to change your preferences, please contact our office.

Representatives:

Name: _____

Signature: _____

Please return to:
Stuart T. Wilson CPA, PC
6300 Schade Dr.
Midland, MI 48640
F: 989-832-5404
reception@stuartwilsonfi.com