

BOB MCCOMBS & COMPANY

CERTIFIED PUBLIC ACCOUNTANTS

**AUTHORIZATION FOR THE RELEASE OF FINANCIAL INFORMATION AND/OR
CONFIDENTIAL INCOME TAX INFORMATION**

I (we) hereby authorize Bob McCombs & Company, CPAs to release financial information and/or confidential income tax information to the below party until notification is received by either party to terminate this authorization or for 30 days, whichever comes first.

I (we) understand that Bob McCombs & Company, CPAs charges \$25 per partial or complete tax return copy, \$25 for copies of Form W-2's, and \$50 for letters of assurance for third parties verifying self employment status. Fax, e-mail, and first class postage are included. Next day shipping is charged at actual cost.

EFFECTIVE DATE _____ EXPIRATION DATE _____

CLIENT NAME (print) _____ SPOUSE NAME (print) _____

CLIENT SIGNATURE _____ SPOUSE SIGNATURE _____
X _____ X _____

PLEASE CHARGE MY CREDIT CARD:

Credit card number _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _

Expiration date on card _ _ / _ _ _ _

CONTACT PERSON TO RELEASE INFORMATION TO:

REQUESTED INFORMATION:

WHERE INFO IS TO BE SENT (enter one):

- FAX NUMBER _____
- E-MAIL ADDRESS _____
- MAILING ADDRESS _____
- WILL PICK UP