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CUSTOMER SECURITY CODES

To ensure access to your files is only by those of your staffs, who have your authorization, please list below the full name of each person with that authorization and return this form to our office. Indicate those who may have access to extremely sensitive or restricted files.

Please assign a two or three digit numerical security code (maybe an employee/payroll number) for each person listed.

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(SIGNATURE)

(PRINT NAME AND TITLE)

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