



**STUART T. WILSON CPA, PC**

CERTIFIED PUBLIC ACCOUNTANT  
FISCAL INTERMEDIARY

## **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:  
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