



**CLIENT E-MAIL AUTHORIZATION FORM**

As the authorized signer, for myself (and business entity listed below if applicable), I authorize Landon C. Scott, PLLC to communicate with me through e-mail. I understand that confidential information, including, but not limited to, tax and financial data may be transmitted over the Internet. I accept the inherent risks associated with sending data via-email.

I further agree that Landon C. Scott, PLLC is not liable for any damages that may result from those inherent risks associated with sending confidential information via e-mail pursuant to this authorization including, but not limited to, interception by a third party or unintentional inclusion of an unauthorized recipient.

This authorization remains in effect until notification is provided to Landon C. Scott, PLLC, either in writing (either by mail or facsimile transmission) that the authorization is revoked. This authorization may be revoked at any time.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name & Title (if applicable)**

\_\_\_\_\_  
**EMAIL ADDRESS**

\_\_\_\_\_  
**EMAIL ADDRESS**

To authorize additional individuals to communicate with us via e-mail, please fill out the portion below.

Specify name(s): \_\_\_\_\_

**BUSINESS RELATED ONLY**

If you own a business would like to include e-mail authorization for them, please indicate below.

- \_\_\_\_\_ All Employees
- \_\_\_\_\_ Accounting Personnel
- \_\_\_\_\_ All members of management

Or list specific individuals below.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_