

E-Communication Authorization Agreement

Full Name:

Email Address:

Phone Number:

Preferred Method of Electronic Communication:

- ☐ Email
☐ SMS/Text Message
☐ Both

Authorization

I hereby authorize the organization to send me communications, documents, and notifications electronically to the contact information provided above. I understand that I may withdraw my consent at any time by notifying the organization in writing.

☐ I agree to the terms and conditions of the E-Communication Authorization Agreement.

Signature:

Date:

Submit