

## Third-Party Preparer Authorization by Authorized Office of Taxpayer

The application for the ACA program identified below (the “Application”) submitted on behalf of the Taxpayer reflects the name of a preparer of the Application who is not employed by the Taxpayer (the “Third-Party Preparer”).

I, an authorized officer of the Taxpayer, hereby authorize the Third-Party Preparer to work with the ACA, and for the ACA to work with the Third-Party Preparer, in connection with all matters pertaining to the disposition of the Application.

I understand that I, or another authorized officer of the Taxpayer, may revoke the foregoing authorization, but that such revocation will not be effective unless or until transmitted to the ACA.

\_\_\_\_\_  
Authorized Officer’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Officer’s Name

\_\_\_\_\_  
Authorized Officer’s Title

\_\_\_\_\_  
Taxpayer Name

\_\_\_\_\_  
Authorized Third Party Company Name

\_\_\_\_\_  
ACA Program

