

## Authorization Form

We/I \_\_\_\_\_  
(your name)

authorize \_\_\_\_\_  
(service provider name)

to provide to Neil Larson of Edwin Lane Financial Services, LLC any confidential information you may have regarding my personal and business affairs.

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Signed

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Dated

- Fax to: 425-483-1317  
or
- Scan and email to: [neil@edwinlane.com](mailto:neil@edwinlane.com)  
or
- Mail to:  
Edwin Lane Financial Services, LLC  
Neil Larson  
PO Box 82222  
Kenmore, WA 98028