

AUTHORIZATION TO OPEN MAIL

Ι,		, do hereby authorize Chimes
to act a	as my agent and on my behalf in opening	and processing the following categories of mail:
	 Bills and bank statements Third-party payments and related fo Notices of appointments and meetin Notifications of benefits 	
Date		Signature of Person Served
		Witness Signature/Position
	******	* * * * * * * * * *
I,act as r	my agent and on my behalf in opening an	, do not authorize Chimes to ad processing the following categories of mail:
	5. Bills and bank statements6. Third-party payments and related fo7. Notices of appointments and meetin8. Notifications of benefits	
	accept the potential liability associated vn this manner.	vith my refusal to authorize Chimes to act as my
Date		Signature of Person Served
		Witness Signature/Position