



PACIFICCOMP EASYPAY POLICYHOLDER ACCESS AUTHORIZATION FORM

Pursuant to the PacificComp EasyPay Terms and Conditions of Use, Company is hereby designating its "User" as:

Name of Company:

Policy Number:

Name of User:

Email Address of User:

Address of User:

Phone Number of User:

* All fields required

An Owner or Officer Signature is Required

I hereby certify that I understand I am authorizing the above named User to access the PacificComp EasyPay service on behalf of the Company and that it is my responsibility to inform PacificComp immediately if the User's Access should be removed.

Owner/Officer Signature:

Print or Type Name:

Title:

Date:

Please execute this form and email it to:

Branden Jensen
bjensen@pacificcomp.com

or Fax to:
818.449.0932