



Data Access Authorization Form

Please fill in the ID number, name, and address of the firm you are authorizing to access the RUN powered by ADP_{SM} Data Access feature.

Firm ID (8-digits): 21992423

Firm Name: cfd Accounting, Inc

Street Address: 11720 Olio Road, Suite 700

City: Fishers

State: Indiana

ZIP Code: 46037

I authorize this firm to access the following information (check all that apply):

Reports Tax Forms General Ledger Files

When You authorize Your accounting professional or other third party ("Your Representative") to access the RUN Data Access feature, You grant Your Representative permission to view and/or print electronic reports and tax forms as well as view, print and download Your general ledger information. The information accessible by Your Representative is generated by RUN based on and/or including Your Client Content. This method of access will not permit Your Representative to make any changes or updates to Your Client Content. Your Representative will have access to employee level information for all employees, and will have the ability to grant that same access to others within their organization. You and Your Representative are solely responsible for any activity conducted with the Data Access feature by You or Your Representative.

Sign, date, and fax the completed form to your ADP Service Representative and keep the original for your records.

Client Name (Please Print)

Client Signature

Date