



**MICHIGAN CITY LOCATION**  
 123 EAST 8TH STREET, MICHIGAN CITY, IN 46360  
 PHONE | 219.874.0210 FAX | 219.874.1137

**VALPARAISO LOCATION**  
 150 WEST LINCOLNWAY, SUITE 3002, VALPARAISO, IN 46383  
 PHONE | 219.615.0210

**PORTAL AUTHORIZATION FORM**

*We are pleased to provide our clients with the unmatched convenience of having instant access to their financial documents.*

**Please fill out the form below and return it to us** via email (eabuatieh@clh-cpa.com), fax (219-874-1137) or by mail. Upon receipt, we will create your portal as soon as possible.

It is required to have at least one active user. You can also request at any time for other users, e.g. spouse, business partner, etc., to be added to the portal account. Please use discretion when selecting portal users. **Any** user will have access to **all** information maintained on the portal account.

Documents are available on your portal account for specific periods of time:

- Tax returns 3 years
- Financial statements 3 years
- Document transfers TO/FROM 30 days

Upon the creation of the portal account, you will receive a “Welcome” email that will provide directions on how to access your portal account and set up your new password.

Please email Emily Abuatieh (eabuatieh@clh-cpa.com) or call (219-874-0210) with any questions.

**Client Account Name** *(only one client or business per form—please fill out a separate form for each client account)*

Client name: \_\_\_\_\_

**Active Users Permitted to Access Portal Account** *(please type or print clearly)*

	First Name	Last Name	Email Address
Primary user:	_____	_____	_____
Add'l user:	_____	_____	_____
Add'l user:	_____	_____	_____
Add'l user:	_____	_____	_____

*By typing my signature below or by signing the form, I am requesting for a portal account to be created for personal and/or business purposes. I authorize the above-mentioned individuals to be added as active users on this portal account. I understand that every user listed will have access to **all** documents and information available on the portal account.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**After completing form, email as an attachment to: [eabuatieh@clh-cpa.com](mailto:eabuatieh@clh-cpa.com)**