

Online Financial Account Management



Date: _____ Account Number: _____

First Name: _____ Last Name: _____

Please check one of the following job titles:

Owner Manager Accounts Payable Accountant Other: _____

Account Name: _____

City, State: _____

Phone Number: _____

E-mail Address: _____

Access Level:

Check one of the following:

- Online Financial Account Management (view transactions and make payments)
 Online Financial Account Inquiry (view transactions only)

Approved by Owner: _____
Owner's Signature

Please Print

Please fill out one form per account per user.

Please print and complete the application and fax to Administrative Services at (952) 995-8955 or send to:

Micro-Tech Hearing Instruments
Attention: Administrative Services
6425 Flying Cloud Drive
Eden Prairie, MN 55344-3476