Professional Employer Organization (PEO)
Client Authorization Form

Policyholder name	
Address	
FEIN	
Quote/policy number	
PEO	

We wish to grant our PEO authorization to access the following records:

☐ Policy
☐ Claims data
☐ Payroll reporting

Requested effective date: _____ Today's date: _____

Policyholder signature: _____

Policyholder title: _____

Please email completed form to **information@texasmutual.com**.