

_____ is authorized to utilize money from my account(s)
with the Institute for Medical Research, Inc.

Investigator's Signature: _____
Investigator's Printed Name:

_____ is authorized to sign for payment from my account(s)
with the Institute for Medical Research, Inc.

Investigator's Signature: _____
Investigator's Printed Name:

_____ is authorized to have access to account information
for the _____ Account.

Investigator's Signature: _____
Investigator's Printed Name: