Authorization to Access CJA eVoucher Billing System

I, _____, am a member of the CJA panel in the District of Arizona. I hereby authorize the following individual(s) to access my eVoucher billing account in the event of my incapacitation or death:

Primary:	Alternate:
_____	_____
Name	Name
_____	_____
Phone number	Phone number
_____	_____
Email address	Email address

I understand by naming the above individuals, I am granting permission to the CJA Administrator to provide login information to the named individual(s) for the purpose of entering my time and expenses to the appropriate cases, and if necessary, submitting vouchers for review and approval. I understand that with my login information, the named individual will also have access to modify the billing and mailing information for payment. I can revoke this authorization in writing to the CJA Administrator. I am aware I must provide updated information should I wish to change the individuals I authorize to access my eVoucher account.

_____	_____
Signature	Date
_____	_____
Printed Name	Phone Number
_____	_____
Address	Email address
_____	
City, State, Zip	

STATE OF ARIZONA)
)ss.
County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____.

_____ My Commission Expires:_____
Notary Public