



TRANSFER OF OWNERSHIP - ENROLLMENT FORM: ADDITIONAL AUTHORIZED CONTACTS

New Owner of Account/Practice Name:*

Office Ally Username(s) being transferred:*

*Note: Sub-account usernames must be included or their ownership will not be transferred to the New Account Owner.
Child account usernames do not need to be listed.*

ADDITIONAL AUTHORIZED CONTACTS

***In order to be processed this form must be received with the Transfer of Ownership Enrollment Form**

Authorized Contact: Check if invoices should be sent to this Authorized Contact.

First Name

Last Name

Phone Number

Email

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