



MacFarlane and Associates, P.C.

Certified Public Accountants

Preferred Method of Communication

(Please select all that apply)

- Email**
- Text Message (SMS)**
- Phone Call**
- Other:** _____

Contact Consent & Opt-In Authorization

By selecting the options above and providing my contact information, **I expressly consent** to receiving communications from **MacFarlane and Associates, P.C.**, including but not limited to:

- Tax return updates
- Requests for information or documentation
- Appointment reminders
- Billing, compliance, and service-related notices

Email Consent:

I understand that email communications may not be encrypted and acknowledge the inherent risks of electronic communication.

Text Message (SMS) Consent:

By selecting *Text Message*, I authorize MacFarlane and Associates, P.C. to send text messages to the mobile number provided. Message and data rates may apply. Message frequency may vary. I understand that I may **opt out at any time by replying "STOP."**

Consent to receive emails or text messages is **not a condition of services** and may be withdrawn at any time by notifying our office.

Client Signature: _____

Date: _____