



Emergency Msg Text Opt-In

Last Name: _____
First Name: _____
Email: _____
Company: _____
e-Sign CN#: _____

MERLENN® Operator System Use Only:

Enter all information into MERLENN® Recipients.

Step 1 Enter all appropriate information below

Step 2 Enter Mobile Number with Country Prefix; USA = 1

Step 4 Enter City, State, & Zip Code

Step 5 Enter County and Street Number and Street Name

Without e-Sign Control Number Messaging is *Not Approved.* Contact HR or Recipient.

Mobile Number	City	State	Zip	County	Street Address

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