



AUTHORIZATION FORM

TELEPHONE NO(s) _____

MEMBERSHIP NAME _____
(name as it appears on telephone bill)

THIS AUTHORIZATION CAN BE ACCEPTED ONLY WHEN SIGNED BY THE MEMBER.

I hereby inform Hill Country Telephone Cooperative, Inc., that the following person(s) has my permission to act on my behalf regarding telephone service listed above only in the areas indicated below.

Name

Name

THIS AUTHORIZATION VOIDS ALL PREVIOUS AUTHORIZATIONS

Check authority being given:

- _____ 1. Obtain information regarding telephone bill(s).
- _____ 2. Place order(s) to change existing telephone service.
- _____ 3. Place order(s) for additional telephone service.
- _____ 4. Obtain information about capital credits.
- _____ 5. Change billing address.
- _____ 6. Sign "Request to Trace Nuisance Calls & Release Information."
- _____ 7. All of the above.

Member's Signature

Date

SIGNATURE MUST CORRESPOND TO NAME ON TELEPHONE BILL BEFORE THIS AUTHORIZATION CAN BE ACCEPTED.

HILL COUNTRY TELEPHONE COOPERATIVE, INC.
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