



**The security of your account has always been our top priority. Your information will only be given to authorized person(s) on the account.**

We are asking you to supply us with the name(s) of those individuals you are authorizing to have information about your account or to make changes pertaining to your account in the spaces below.

Please complete the form below to verify your information and mail it to West Wisconsin / 24-7 Telcom, PO Box 115, Downsville, WI 54735.

**Thank you for assisting us in protecting your information.** If you have any questions, please contact us at [cpni@wwt.net](mailto:cpni@wwt.net) by phone at 715-664-8311 or 715-231-2000.

**SECTION A – Personal Information. This information is located on your telephone statement.**

Your Name:	
Account Number:	
Telephone Number:	

**SECTION B - Please answer ONE of the following security questions.**

What is your favorite pet's name?	
What is your favorite color?	
Other Keyword for Account Security?	

**SECTION C - Complete this section if a Joint Owner should be added to your account.**

Joint Owner (Please Print):  Social Security Number:

Joint Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A joint owner is also responsible for the billing. A WWTC account joint owner shares the capital credits earned on the membership account. (Example: Spouse, Business Partner)

**SECTION D - Complete this section if an Authorized User should be added to your account.**

Authorized User:

An authorized user is allowed billing access and can make changes to services on the account. (Example: Children, Parents, Employees)

**SECTION E – Remove Authorized User Only. Note: The joint owner cannot be removed from the Billing Account with this form.**

Add name to Directory listing? Yes  No

Account Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_