



**Illinois Valley Cellular**

1-800-438-4824 - www.ivcellular.com

**Change of Authorization Form**

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Authorized Individuals (Must be at least 18 years of age):

(Print below)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I, as the person financially responsible for the above account(s) hereby designate and authorize those individuals listed above to share in all of the rights and privileges that I have in and to the above-referenced account(s) upon the designated individuals providing the account password. Such rights including, but not limited to, the right to access account, billing information and call record details, change rate plans, add or delete features, extend terms of service, upgrade and deactivate accounts, add new lines, and open new accounts. I hereby further agree that notwithstanding the authorization(s) granted hereby, I shall remain solely responsible for all charges to the account(s) listed above and for any new accounts, which I or any of the listed individuals may open pursuant to this authorization. This designation and authorization shall remain in effect until canceled by me in writing.

\_\_\_\_\_  
Company Name - Business Contact Name

\_\_\_\_\_  
Signature of Account Holder

Upon receipt of this signed document, all prior authorization forms/individuals on record with Illinois Valley Cellular are null and void.