



ILLINOIS VALLEY CELLULAR

CHANGE OF AUTHORIZATION FORM

Individual Business

Name: _____

List all of the customer bill-to account number(s) affected: (all sub numbers under the main account number (if any) will also be affected.)

Return this completed form to Illinois Valley Cellular.

I, as the person financially responsible for the above account(s) hereby designate and authorize those individuals listed below 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 following individuals may open pursuant to this authorization. This designation and authorization shall remain in effect until canceled by me in writing.

Name of Authorized Individual(s) designated and authorized pursuant to the foregoing
(Must be at least 18 years of age):

Authorized Person (print)

Authorized Person (print)

Authorized Person (print)

Authorized Person (print)

Authorized Person (print)

Signature of Account Holder

Individual/Company Name-Contact Name

Date: _____

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