



**ACCOUNT ACCESS AUTHORIZATION FORM**

Vision Communications (Vision) follows Customer Proprietary Network Information (CPNI) rules in accordance with the Federal Communications Commission (FCC) order to protect the privacy of information contained in your account. CPNI includes call detail information and certain account information, including the amount of your bill. These rules allow us to communicate account information only with the person(s) listed on the account. In addition, before we can answer questions or provide information related to the account, we must first be able to verify the person that we are communicating with is listed on the account. Requests can be accepted over the phone or by electronic mail or regular mail. The responses we provide will be determined by the authorization you provide below.

**In order for us to provide access to your account information to you and any person(s) you wish to authorize, please complete the applicable sections of this form and return this signed authorization form to our office so that we may update your account to provide the level of access you are requesting.**

**TO ADD AUTHORIZED USERS TO ACCOUNT:**

I wish to allow the following individual(s) to inquire about or make changes to my account (4 digit code can be last 4 digits of Social Security Number or any other 4 digit code you select):

Authorized User      4 digit code      Authorized User      4 digit code      Authorized User      4 digit code

**TO ESTABLISH EMAIL ADDRESS OF RECORD TO ACCESS CPNI ACCOUNT INFORMATION:**

The FCC does allow Call Detail CPNI to be sent to an email address of record. This email address will be used to respond to electronic requests for CPNI account information. Only customers with an Email Address of Record on file for at least 30 days will be able to request and receive account information by email. Please provide the email address that you want to consider your Email Address of Record.

**EMAIL ADDRESS OF RECORD:** \_\_\_\_\_

**TO ESTABLISH OR CHANGE SUBSCRIBER PASSWORD TO ACCESS CPNI ACCOUNT INFORMATION:**

The password you choose CANNOT be related to your family history or account information (Password must be at least 7 characters long and contain at least 1 numeric digit. It is not case sensitive)

**SELECT ONE OF THE FOLLOWING OPTIONS:**      **ADD SUBSCRIBER PASSWORD:** \_\_\_\_\_

**CHANGE CURRENT SUBSCRIBER PASSWORD TO:** \_\_\_\_\_

**TO ESTABLISH SECURITY QUESTION IN CASE SUBSCRIBER PASSWORD IS FORGOTTEN, SELECT ONLY ONE SECURITY QUESTION FROM THE LIST BELOW AND PROVIDE THE ANSWER THAT WE WILL PROMPT FOR:**

This information will be noted on your account to verify your identity before accessing your account if your password is forgotten.

CITY WHERE YOU WERE BORN: \_\_\_\_\_ FAVORITE FOOD: \_\_\_\_\_

FATHER'S MIDDLE NAME: \_\_\_\_\_ PET'S NAME: \_\_\_\_\_

FAVORITE TEACHER'S NAME: \_\_\_\_\_ HIGH SCHOOL MASCOT: \_\_\_\_\_

FAVORITE MOVIE: \_\_\_\_\_ WEDDING ANNIVERSARY: \_\_\_\_\_

COMPANY HEADQUARTERS LOCATION: \_\_\_\_\_ PIN CODE: \_\_\_\_\_

**I authorize Vision to use the information indicated above to provide access to my account information:**

**Customer Name:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature of person currently listed on account as Subscriber)

**Return to our Customer Service office in envelope provided or bring to 115 West 10<sup>th</sup> Blvd Larose, LA**