



**Rockwell Cooperative Telephone Association**

111 4th St N, PO Box 416, Rockwell, IA 50469

Phone (641)822-3211 Fax (641) 822-3550

www.rockwellcoop.com

Effective in December 2007, the FCC implemented new rules to protect the privacy of information contained in all telephone accounts, including your telephone account with Rockwell Cooperative Telephone Association (RCTA). The new rules allow us to discuss account information only with the person(s) listed on the account. We must also be able to confirm a caller is who they say they are.

We will confirm the identity of callers by asking them to answer the 'authentication' question listed below. Certain call detail information we will not share over the telephone regardless of authentication. Instead that information will be mailed to you or we may call you back at the phone number on your account or you may stop into our office to pick up this call detail information.

You can add necessary persons to your account as 'Authorized Contacts.' Those persons can discuss information and make changes to your account. Authorized Contacts will not be responsible for payment of your account.

**Please PRINT your ANSWER to the question below on the line available.**

Each additional authorized contact to be listed on your account (if any) can be listed below your answer.

**Account Owner(s) Name(s)** \_\_\_\_\_

**Question for Authentication: (Choose One of the following questions)**

What city were you born in? \_\_\_\_\_

What is your mother's maiden name? \_\_\_\_\_

What is your favorite pet's name? \_\_\_\_\_

What are the last four digits of your social security number? \_\_\_\_\_

**If you want to add authorized contacts, please use the blanks below.**

Authorized Contact \_\_\_\_\_ Authorized Contact \_\_\_\_\_

Authorized Contact \_\_\_\_\_ Authorized Contact \_\_\_\_\_

\_\_\_\_\_ Check here if you do not wish to add authorized contacts to your account.

**Print your telephone number(s):** \_\_\_\_\_

**Email address (if you have one)** \_\_\_\_\_

**Print your name** \_\_\_\_\_

**By signing this authorization, the account owner is expressly requesting that the company share certain account information with authorized account contacts and is authorizing the company to share such information with authorized contacts as necessary to address service, account inquiries and changes initiated by the account owner or any authorized contact.**

**Authorized by:** \_\_\_\_\_ **Date:** \_\_\_\_\_