



# ROCKWELL COOPERATIVE TELEPHONE ASSOCIATION

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641-822-3211

[www.rockwellcoop.com](http://www.rockwellcoop.com)

[info@rockwellcoop.com](mailto:info@rockwellcoop.com)

## Service Application

Please select services you are applying for:  Internet  Telephone  Cable TV  Wireless

### General Information (Please Print)

#### APPLICANT INFORMATION

Residential  Business

Name of Applicants \_\_\_\_\_

SSN # \_\_\_\_\_ SSN # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Business Name \_\_\_\_\_ Tax ID # \_\_\_\_\_

#### ADDRESS INFORMATION

Service Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### ALTERNATE CONTACT INFORMATION

Cell Phone Number(s) \_\_\_\_\_ E-mail Address \_\_\_\_\_

How would you like to receive your bill? In the mail  Via E-mail

### CPNI

Question for Authentication: What is your mother's maiden name? \_\_\_\_\_

Please list those persons that you will allow to discuss information and make changes to your account below:

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

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

### AUTO PAY SETUP

COMPLETE THE FOLLOWING **ONLY** IF YOU WOULD LIKE AUTOMATIC BILL PAYMENT DIRECT FROM YOUR BANK

Please check one:  Checking (*Attach voided check*)  Savings (*Attach voided deposit slip*)

Bank Name \_\_\_\_\_ Bank Address \_\_\_\_\_

Account # \_\_\_\_\_ Routing Number \_\_\_\_\_

COMPLETE THE FOLLOWING **ONLY** IF YOU WOULD LIKE AUTOMATIC BILL PAYMENT WITH DEBIT/CREDIT CARD

Card Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Number \_\_\_\_\_ CCV (3 digit Code on back) \_\_\_\_\_

Name on Card \_\_\_\_\_