



BUSINESS ACCOUNT – REMOVING/CHANGING AUTHORIZATION AND/OR PASSWORD

Additional Account Numbers:

Authorization to Remove Account(s) Access

I, as the person financially responsible or authorized on behalf of the company for the above account(s), hereby authorize removal of the individual(s) listed below from access to the account(s). I understand that by removing the individual(s) listed below, they will no longer have any access to the account(s) including, but not limited to, making changes to the account(s) and requesting certain account information.

Names of individuals removed pursuant to the foregoing:

Authorized Person (print)

Authorized Person (print)

Authorized Person (print)

Authorized Person (print)

Authorized Person (print)

Authorized Person (print)

Request for Password/Secret Question Change

I, as the person financially responsible or authorized on behalf of the company request the password/secret question indicated below be added to my account(s) to replace my existing password/secret question. I understand that I or any authorized individuals on my account(s), may be asked to verify this password/secret question when contacting a Cellcom representative regarding the above-mentioned account(s). Please inform any authorized parties of the new password and secret question.

Password:

The password must be between 8 and 16 characters

Secret Question: *Select (x) one of the secret questions shown below, and enter your answer in the box provided.*

**Note: Must have password to add a secret question.*

___ What was your first job?

___ Who is your favorite sports figure?

___ What is the name of your favorite teacher?

___ What is the name of the street you grew up on?

___ What was the name of your first pet?

Answer

Request for Password/Secret Question Removal

I, as the person financially responsible or authorized on behalf of the company for the above account(s), hereby authorize the removal of my password/secret question.

Signature of Authorized Representative or Successor of Prior Authorized Representative

I certify that I am the financially responsible party for the account(s) identified above, and authorize the changes requested.

Print Name

Signature

Date