

**CONSUMER ACCOUNT – ADDING AUTHORIZATION AND/OR PASSWORD**

Additional Account Numbers: \_\_\_\_\_

**Authorization to Access Account(s)**

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) with the exceptions of; adding, changing, or removing the account password and secret question, adding or removing account authorization of any other individual, the creation of any new accounts, and rerunning my credit. I shall remain solely responsible for all charges to the account(s) listed above. This designation shall remain in effect until cancelled by me in writing.

*Names of individuals authorized pursuant to the foregoing: (Must be at least 18 years of age, except for Advanced Pay.)*

\_\_\_\_\_  
Authorized Person (print)

\_\_\_\_\_  
Authorized Person (print)

\_\_\_\_\_  
Authorized Person (print)

**Request for Password/Secret Question**

I request the password/secret question indicated below be added to my account(s). 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**

**Signature of Financially Responsible Party**

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date