



The FCC has implemented rules to protect the privacy of information contained in your telephone account with Northeast Nebraska Telephone Company. **The rules allow us to discuss account information ONLY with the person(s) listed on the account.** Also, we must be able to authenticate that person and will do that by asking a specific question to which you have previously provided us the answer (See question below).

Although we have always treated your account information with confidentiality, please help us in our effort to further ensure that we protect the information, by completing the following:

**Authentication Question:** Please provide your Social Security Number or the last four digits of your SSN:

Account Name \_\_\_\_\_ Authorized User \_\_\_\_\_

Phone Number (main line) \_\_\_-\_\_\_-\_\_\_\_ Additional Lines \_\_\_\_\_

SSN \_\_\_-\_\_\_-\_\_\_\_ or Business FID \_\_\_-\_\_\_\_

**Authorized Account Representatives**

If your account is listed only in your name, you might want to consider adding another name, if appropriate, e.g., a spouse, parent, child or roommate. If you are a parent or individual that relies on someone else to discuss account changes, payments or anything else with our company, you will need to have that person's name added to your account. The name does not need to be added to the billing name but can be added to our records as an authorized person for discussing information and making changes to your account. **The additional contact(s) that you authorize will NOT be listed in the telephone directory, be responsible for payment of this account, or be entitled to any of the capital credits or voting privileges associated with this account.**

\_\_\_\_\_ No, I do not want to add any additional authorized contacts to my account.

\_\_\_\_\_ Yes, I would like to add the following as authorized contacts for my account (please print):

Name: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_ Contact Ph: \_\_\_\_\_

Name: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_ Contact Ph: \_\_\_\_\_

Name: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_ Contact Ph: \_\_\_\_\_

**NOTE: If you are adding contacts, they will need to supply the last four digits of their SSN, be able to provide the last four digits of your SSN or be able to provide us with the business Federal Tax ID.**

Authorized by: \_\_\_\_\_ Acct Relationship: \_\_\_\_\_  
(Signature of person currently listed on account) (Ex: Owner, President, etc)

\_\_\_\_\_  
(Printed Name) Date: \_\_\_\_\_

You may enclose this completed form with your next payment or return it to:  
CLARKS TELECOMMUNICATIONS / PO Box 70 / Jackson, NE 68743