



PERMISSION TO ACT (PTA) ON ACCOUNT
on behalf of the Member/Primary Account Holder

I, _____ (print name) authorize _____

To act on my behalf concerning my Citizens Account # _____

This permission includes making changes to services, adding/removing services, disconnecting services, changing features, making payments, receiving account balance information, and answering Citizens' questions on my behalf. The individual with PTA on this account must provide the CPNI password as set by the primary account holder to make changes or inquiries about the account.

#1 PTA Name: _____ PTA SSN: _____ DOB: _____

PTA Email: _____ PTA Contact #/Type: _____ C/H/W

(circle one: Cell, Home, Work)

#2 PTA Name: _____ PTA SSN: _____ DOB: _____

PTA Email: _____ PTA Contact #/Type: _____ C/H/W

(circle one: Cell, Home, Work)

Member/Primary Account Holder: (printed) _____

Primary Account Holder Signature: _____

Date: _____ Application of file []Yes []No If no, a service application is required.

This form does not remove the responsibility of the account from the Primary Account Holder. The Primary Account Holder assumes liability for changes made by PTA. Citizens reserves the right to refuse individuals who are in delinquent or collection status. Certain restrictions apply which may include requiring the credit credentials of the PTA.