



Your Total Communications Provider

712-744-3131

www.fmctc.com

CPNI Authorization

Customer Proprietary Network Information (CPNI) is information contained in your telephone bill pertaining to the service you receive from FMCTC

Under the FCC rules governing the use and disclosure of Customer Proprietary Network Information (CPNI), Farmers Mutual Cooperative Telephone Company (FMCTC) will only be allowed to discuss CPNI at our office with those listed as an individual user on the account and carrying a photo ID. The only exceptions may be for certain routine customer service issues if you have all pertinent information with you, such as the bill or call detail information you wish to discuss.

Remember, CPNI includes call detail information and certain account information, including the amount of your bill. For telephone inquiries, other rules dictate how we authenticate a customers. In order to make your experience with FMCTC the best possible, we want to give you the option of adding authorized users to your account. Adding an authorized user does not mean that their name(s) will show up on the bill, but only that these persons will be allowed to discuss CPNI with our company representatives. Please take this opportunity to complete the section below and mail it back to us.

Designated Password for Account Inquiries _____

Designated Answer to the Back-up Question - What is Your Favorite Color? _____

Authorized Users to Add to the Account:

Legal Name (Print) _____

Legal Name (Print) _____

Legal Name (Print) _____

Legal Name (Print) _____

IMPORTANT: By signing below, you are providing the company with express, written approval to use the above password and back-up question before providing any information regarding service account inquires made by the account owner or designed account users. In addition, you are expressly requesting that the company (FMCTC) share certain account and call detail information including Customer Proprietary Network Information, with authorized account users as necessary to address service and account inquiries initiated by the account owner or any authorized user.

Account Owner (& Title if Business) (Print) _____

Signature _____

Date _____

Telephone Number on Account _____

PLEASE COMPLETE AND RETURN THE ENTIRE SHEET TO FMCTC