



CUSTOMER PRIVACY VERIFICATION

The SMU privacy rules, guided by the FCC CPNI rules, seek to protect your account information from identity theft and fraud. **The rules allow us to discuss account information only with the person(s) listed on the account.** We must be able to authenticate that person by using the social security number or the driver's license number. **Please help us in our effort that we protect the information, by completing the following.**

| Utility Acct Number: | Communications Acct Number: |
|--|-----------------------------|
| Account Telephone Number: | |
| Question(s) for authentication of account holder: | |
| Account Holder Name: | |
| Address: | |
| Account Holder Email Address: | |
| Social Security #: | Driver's License #: |
| Contact #: | |
| Authorized by: | Date: |
| responsible for the bill and subject to verification and/or credit Power of Attorney or other authorized parties will not be held r No, I do not want to add any additional authorized conta Yes, I would like to add the following as authorized conta Name: | cts for my account: |
| Social Security #: | Driver's License #: |
| Birth date: | Contact #: |
| Relationship (circle one): payee relative roommate spous | e POA Other: |
| Authorized Contact Signature: | |
| Name: | |
| Address: | |
| Social Security #: | Driver's License #: |
| Birth date: | Contact #: |
| Relationship (circle one): payee relative roommate spous | e POA Other: |
| Authorized Contact Signature: | |