

**3 RIVERS COMMUNICATIONS**  
**ACCOUNT ACCESS AUTHORIZATION/PASSWORD FORM**

\*Name on 3 Rivers Billing Statement: \_\_\_\_\_  
Phone # \_\_\_\_\_

For Office Use Only: Customer #: _____ Member #: _____ 3rc Taken by: _____
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Current Subscriber Password (if already established): \_\_\_\_\_

**To Add or Change Your Subscriber Password:**

I wish to add/change my 3 Rivers Communications Subscriber Password to: \_\_\_\_\_  
(Password must NOT be based on readily-available biographical information such as telephone or Social Security number, address, date of birth)

**To Establish Security Questions in Case Subscriber Password is Forgotten**

Please answer one of the following security questions which will be noted on your account to verify your identity if your password is forgotten:

**Residential**

Birth City: \_\_\_\_\_  
First Car: \_\_\_\_\_  
Name of Favorite Pet: \_\_\_\_\_  
Favorite Food: \_\_\_\_\_

**Business**

What services does your business provide: \_\_\_\_\_  
Who is the CEO of the business: \_\_\_\_\_  
Where is your main office located: \_\_\_\_\_

**To Establish Authorized Individual(s):**

I authorize the individual(s) listed below to make inquiries or make changes to my account.

*I understand that it is my responsibility to inform my authorized individual(s) of my password as they will be required to give it before 3 Rivers will allow any changes or release any information.* I also understand that it is my responsibility to notify 3 Rivers Communications of any changes in authorized individuals.

Please print (or type) first and last names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type: Circle One

Cell	Home	Work
Cell	Home	Work
Cell	Home	Work
Cell	Home	Work
Cell	Home	Work

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Person Currently Listed on Account / and Title (if Business Account)

Printed (or typed) Name of Above Signature: \_\_\_\_\_