

VAN HORNE COOPERATIVE TELEPHONE COMPANY
204 MAIN ST
PO BOX 96
VAN HORNE, IA 52346-0096

AUTHORIZATION FORM

I understand there may be a charge to make change requested.

To make change in existing service per description below:

I, _____
(Customer Name & Address)

Authorize Van Horne Telephone Company to:

Telephone Number

Cell Phone number if disconnecting

Signature

Forwarding Address: (if disconnecting all services)
(It is your responsibility to keep us informed of forwarding addresses for payment of earned patronage)

Date

Service fees are charged monthly in advance and no credits or refunds will be issued for partial or prepaid months after cancellation.