



AUTHORIZATION FORM

I understand that there may a charge to make any of the following changes.

I, _____

(Customer Name or CPNI Contact Person)

Authorize Keystone Communications to make the following change(s) in
the service(s) described below:

_____ Signature _____ Date

_____ Contact Number

_____ New Address if Moving

(It is YOUR responsibility to keep us informed of any new address for payment of earned patronage)

RETURN SIGNED FORM TO OUR OFFICE AT 86 MAIN ST, PO BOX 277, KEYSTONE, IA 52249.

**SERVICES ARE PRORATED IN ADVANCE AND NO REFUNDS WILL BE ISSUED FOR PARTIAL OR
PREPAID MONTHS AFTER TOTAL DISCONNECTION OF ALL SERVICES.**