



Wabash Mutual Telephone Company
AUTHORIZATION FOR DISCLOSURE OF CPNI

Many of our records relating to your telephone account include confidential proprietary information, commonly referred to as Customer Proprietary Network Information, or CPNI. Federal law enables you to protect the confidentiality of your CPNI, and to restrict or limit its disclosure. However, you may wish to allow certain third parties to have access to your CPNI. For your convenience, we are providing this Authorization as a secure means by which you can designate specific individuals to have access to your CPNI. You can be assured that your CPNI will not be released unless the person inquiring is authorized to receive it.

By authorizing the person below to access your CPNI, you authorize him/her to access your invoice and call detail; obtain information regarding your calling patterns and communications services, and make changes to your account. Without this Authorization, your designee will not be able to obtain information regarding your account, services and features, invoices, or call detail. You must complete this Authorization before any third party may access your CPNI, regardless of their relationship to you. For instance, your spouse (if their name is not listed on your account) will not be able to access your CPNI unless you complete this form, giving your spouse authorization to make changes or inquiries regarding your account. Of course, the authorized person does not necessarily have to be a spouse; it can be anyone you designate, such as a parent, adult child, or caretaker. This form should also be completed by business customers who wish to designate employees to be authorized to access CPNI on behalf of the company.

This Authorization must be completed and signed by the customer whose name is on the account or, in the case of a business customer, by the general manager of the business or other authorized representative.

To grant a third party access to your CPNI, please provide the information below. If you have any questions regarding this Authorization or your CPNI rights, please contact us at 419-942-1111.

I have reviewed the Authorization for Disclosure of CPNI and authorize Wabash Mutual Telephone Company to allow the designee below access to my/my company's CPNI.

Customer Name: _____

Authorized Representative
or Manager Name (if business customer): _____

Designee Name(s): _____

Designee Address: _____

Designee Telephone No.: _____

I, the customer named above or the duly authorized representative of the customer/company named above, authorize Wabash Mutual Telephone Company to disclose or allow access to my/my company's CPNI to the designee(s) named above.

Customer Signature: _____

Date _____