

**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 phone

Signature

Forwarding Address: (if disconnecting all services)

Date

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