



GIG-CAPABLE
PROVIDER

www.tccpro.net

P.O. Box 578, Strum, WI 54770

Toll-free: 800-831-0610

Authorized User Request Form

I, _____, request that _____ is authorized to make changes to my TCC Account, request billing and payment information on my behalf. This request may be revoked by me, in writing, delivered to TCC, at any-time.

I, _____, revoke the authorization of _____ to make any changes to my TCC Account, request billing and payment information.

Account Holder Name

Account Holder Signature