

# 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

\_\_\_\_\_  
Date

