



# Responsible Organization Change Authorization

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## Authorization

I authorize **CallSource** to transfer service from my current provider to **CallSource** and to transfer my telephone number(s) listed above to **CallSource**. I also authorize **CallSource** to obtain billing information, customer service records, and other information in order to provide me with service on the **CallSource** network. I understand that I may consult with **CallSource** as to whether a fee will apply to the change.

Authorized Printed Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Authorization Date \_\_\_\_\_

*Note: Please send a digital copy of this document to your CallSource representative or you may fax it to (888) 593-1999.*

