

Figure: 16 TAC §26.130(j)(13)

Freeze Authorization Form

Customer billing name: _____
Customer service address: _____
City, state, zip code: _____
Customer mailing address: _____
City, state, zip code: _____
Telephone number (1): _____
Telephone number (2): _____
Telephone number (3): _____
Customer's month and year of birth, the customer's month and day of birth,
mother's maiden name, or last four digits of the customer's social security number:

The purpose of a freeze is to prevent a change in your telephone company without your consent. A freeze is a protection against "slamming" (switching your telephone company without your permission). You can impose a freeze on either your local toll or long distance service provider, or both. If you want a freeze, you must contact (name of local telephone company) at (phone number) to lift the freeze before you can change your service provider. You may add or lift a freeze at any time at no charge.

Please complete the following for each service for which you are requesting a freeze:

I authorize a freeze for the telephone number(s) listed above for **local toll** service.

Current preferred local toll company: _____
Customer's signature: _____
Date: _____
Customer's printed name: _____

I authorize a freeze for the telephone number(s) listed above for **long distance** service.

Current preferred long distance company: _____
Customer's signature: _____
Date: _____
Customer's printed name: _____

Mail this form to:
(Name of local telephone company)
(Address)
Or FAX to: (FAX number)