

CONSENT AUTHORIZATION FORM	1	DATE:
Customer Acc #	Mud #	Customer Address:
§ 701.115 Protected Personal Information (P of birth, home address, home telephone num		ure. Access to and disclosure of PPI such as SSN, date tly limited to individuals on the account.
PPI under Annual Identity Theft Prevention F account that is NOT in your name.	Program adopted in 200	8 we will not be able to speak to you in regards to an
Please note, TNG Inc. will no longe are authorized to do so in writing by		have access to your account unless they tholder.
• •		G Inc immediately. Failure to do so will atever reason, even if all they wish to do is
I, would I Company Water Account. What is the	like to add relation to account	holder to my TNG Utility
Please check the following bo	xes:	
a. O I understand that we will be	sharing the deposit	on file.
 b.	d I will need to identi	fy myself with the last four digit of my Social
c. O I understand that any person on this account they will have to identify themselves with the last four digit of their social security number.		
** From time to time you will be as	ked to identify yoursel	f with the information provided below**
Account holder signature:		Last 4 SS digit #
dditional name signature:		Last 4 SS digit #