



Account Change Form

Please note that only completed forms can be processed.

PLEASE SEND COMPLETED FORM TO:

Pixius Communications, LLC, 301 N St. Francis St, Wichita, KS 67202 or by email to billing@pixius.com.

Date: _____	Account Number: _____	
Account Owner Name: _____		
Service Address: _____		
City: _____	State: _____	Zip: _____
Phone Number: _____	Email: _____	
Billing Address (if different from above): _____		

Add/Remove Authorized User

By designating an authorized user to your account(s), you are granting permission for this person to access information regarding your account. Authorized user is not allowed to make changes on the account.

Add User

Remove User

Authorized User Name: _____

Add/Remove Account Owner/Responsible Party

By adding an account owner to your account(s), you are granting permission for this person to make changes to the account. This option makes the new owner financially responsible for this account as a Co-Owner.

Add Owner/Responsible Party

Remove Owner/Responsible Party

Co-owner Name (please print): _____

Co-owner Signature: _____

I represent that I am the named account holder and authorize Pixius Communications, LLC to add/remove _____ as an authorized user on this account as indicated above.

You may be contacted regarding processing of this form. All changes will stay in affect until a new form is processed.

Signature of Account Holder

Date

Date Processed: _____ Company Representative: _____

Authorized User Form F20171027