

Application for Third Party Notification: (This form should be available in both English and Spanish)

- Third-Party Notifications provide eligible customers, based on jurisdiction, the ability to authorize and designate a third party (Third-Party Recipient) to receive notices of the total amount due or past due on bills, payments paid, and collection or service interruption notices on their Verizon account.
- The form below must be completed and signed by the Verizon customer and by the designated Third-Party Recipient. **All fields must be completed for the application to be accepted.**
- Third Party Recipients may STOP notifications or change the notification preferences by using the bottom portion of this form and return the form to Verizon.
- To receive Third Party notifications, please complete the outlined information below and mail the form to:

Verizon
PO Box 15062
Albany, NY 12212-5062

Please print: All fields are mandatory

Verizon Customer Name (as it appears on your Verizon Bill): _____

Verizon Customer Account number: _____

Verizon Customer Billing Address _____

Verizon Customer City/State/Zip Code _____

VZ Customer consent: I authorize Verizon to share: (Please check the items that you want your designee to receive.)

- Notices displaying the total amount due or past due and the amount of any payments paid
- Notices relating to termination of service and collection of amounts due

Verizon Customer Signature: _____ **Date** _____

I, _____ (**Printed Name of Third Party Recipient**) agree to receive the notices identified above or the relevant Verizon account.

Third Party Recipient Signature: _____ **Date** _____

THIRD-PARTY RECIPIENT: Please identify both your email and mailing address below.

NOTE: If no email is provided or email attempt fails, a paper copy will be sent.

Email (**print**): _____

Mail Address (**print**): _____

City: _____ State: _____ Zip Code: _____

Please select one preferred notification delivery method.

- Digital Delivery by Email**
- Paper Mail**

UPDATES: Please retain a copy of this form. If you as the Third Party Designee no longer want to receive future notices or wish to change your delivery method or contact information, please mail a new copy of this form to the address listed above with the appropriate box checked below.

- De-enroll as Third Party Recipient TPN signature:** _____ **DATE:** _____
- Modifications to the existing Third Party Recipient delivery method/ contact information on the account**