AUTHORIZATION

(For Individuals)

l,		, resident of
	[Subscriber Name]	
		and the owner of
	[Address]	
		("Account"), hereby
	[PT&T Account Numb	
authorize		, Filipino, of legal age,
[Name	of Representative]	
resident of		
resident of	[Address of Representa	ativel
to apply for process mo	-	enrollment of my Account to the
	•	egraph & Telephone Corporation
		mail Addresses of my Account and
	-	T in connection with the Paperless
Billing System.	or round roddinod by 1 Ta	Thirdenine along with the rapened
Diming Cystern.		
The authority grant	ed shall remain valid unti	I otherwise notified to PT&T.
The damenty grains		
Signed this day of	, in	
	Subscriber Name an	d Signature