

## Account Number and Pinnacle Access Authorization Form

This form is to be used when submitting a **New Account Number**, an **Account Number Change** or **Access Authorization request**. Please contact the **Telecommunication Service Center (TSC) at 437-3800** with any questions about this form. Completed forms can be submitted via fax (518-437-3810) or through interoffice mail (MSC 209).

Please fill in the following **Account Number** information:

Enter the **Account Number**.

**Is this a new account number?**

|                        |  |                   |                  |
|------------------------|--|-------------------|------------------|
| <b>Account Number:</b> |  | <b><u>YES</u></b> | <b><u>NO</u></b> |
|------------------------|--|-------------------|------------------|

If you are using a **Grant Account** please provide the **Term Dates** of the **Grant Number**.

|                    |                  |
|--------------------|------------------|
| <b>Start Date:</b> | <b>End Date:</b> |
|--------------------|------------------|

Enter the **Account Name**.

|                      |  |
|----------------------|--|
| <b>Account Name:</b> |  |
|----------------------|--|

If this is an **Account Number Change**, what is the old account number?

|                            |  |
|----------------------------|--|
| <b>Old Account Number:</b> |  |
|----------------------------|--|

Are we going to move all of the services **from the Old Account Number to the New Account Number?**

|                   |                  |
|-------------------|------------------|
| <b><u>YES</u></b> | <b><u>NO</u></b> |
|-------------------|------------------|

If **NOT MOVING** all of the services, **What services SHOULD BE MOVED?**

Please include the **Subscriber(s) Name** and circle **Yes (Y)** or **No (N)** if their **Extension(s)** and/or **PAC Code(s)** are moving. If the extension(s) is moving please provide the number.

| Subscriber | Extension | PAC Code |
|------------|-----------|----------|
|            | Y N ext#  | Y N      |
|            | Y N ext#  | Y N      |
|            | Y N ext#  | Y N      |
|            | Y N ext#  | Y N      |
|            | Y N ext#  | Y N      |
|            | Y N ext#  | Y N      |
|            | Y N ext#  | Y N      |
|            | Y N ext#  | Y N      |
|            | Y N ext#  | Y N      |

Please provide the following contact information that important information and/or invoices can be sent to:

| <b><u>CONTACT INFORMATION FOR ACCOUNT:</u></b> |  |
|--|--|
| <b>ATTENTION:</b>                              |  |
| <b>ADDRESS:</b>                                |  |
| <b>CITY/STATE/ZIP CODE:</b>                    |  |
| <b>PHONE # AND FAX #:</b>                      |  |

Please provide the name(s) of who is **authorized to access** Account information on-line through Pinnacle.

| Name | NetID | Email | Account Numbers authorized to Access |
|------|-------|-------|--------------------------------------|
|      |       |       |                                      |
|      |       |       |                                      |

Please feel free to make any additional notes or use this space to continue from a section above.

|               |
|---------------|
| <b>NOTES:</b> |
|               |
|               |

### Signature

\*\*\*Account number and signature from an authorized signatory is mandatory. Work orders will not be processed without these pieces of information.