



Please fill out this CPNI form & return to ensure that your account obtains the best security at HCI. Prior to accessing any billing information or making any change of services HCI will use this information to confirm the identity of our loyal customers.

Name as it appears on your account:

Account Number: _____

Individuals authorized to make changes on your account: _____

Please provide us with a password specific to your HCI account: _____

Please pick on question from the following security question: *(This will be used in the event you have forgotten your account password.)*

Memorable Place: _____

Pet's Name: _____

Favorite Book: _____

First Car: _____

High School Mascot: _____

Primary Telephone Number:

Primary Email Address:

Signature: _____

Date: _____