DEFENSE TELECOMMUNICATIONS SERVICE WASHINGTON

DTS-W OFFICAL ACCOUNT CHANGE FORM

Please complete this request for change to update your personal and Billing Account Code (BAC) profiles on record with DTS-W and linked to your secure web account. After completing the form, please fax it to the DTS-W Customer Care Center at (703) 693-7331. With any questions related to this form, please contact the DTS-W Customer Care Center by phone at (703) 697-2193 or email at dtswcarecenter@hqda.army.mil. Thank you.

Change of TSCO: ADD____ DELETE____

Change of Certifying/Budget Officer: ADD____ DELETE____
*If replacing a contact please provide deletion information on this form. Thank you.

Agency Name: _____

Agency Address: _____

_____

Email Address: _____@_____

Phone Number:_____ Fax Number: _____

BAC(s): _____

Your name (Print): _____

Your Signature: _____

Authorizing Official (Print): _____

Authorizing Signature: _____

Change of TSCO: ADD____ DELETE____

Change of Certifying/Budget Officer: ADD____ DELETE____
*If replacing a contact please provide deletion information on this form. Thank you.

Agency Name: _____

Agency Address: _____

_____

Email Address: _____@_____

Phone Number:_____ Fax Number: _____

BAC(s): _____

Your name (Print): _____

Your Signature: _____

Authorizing Official (Print): _____

Authorizing Signature: _____

Change of TSCO: ADD____ DELETE____

Change of Certifying/Budget Officer: ADD____ DELETE____

*If replacing a contact please provide deletion information on this form. Thank you.

Agency Name: _____

Agency Address: _____

_____

Email Address: _____@_____

Phone Number:_____ Fax Number: _____

BAC(s): _____

Your name (Print): _____

Your Signature: _____

Authorizing Official (Print): _____

Authorizing Signature: _____

Change of TSCO: ADD____ DELETE____

Change of Certifying/Budget Officer: ADD____ DELETE____

*If replacing a contact please provide deletion information on this form. Thank you.

Agency Name: _____

Agency Address: _____

_____

Email Address: _____@_____

Phone Number:_____ Fax Number: _____

BAC(s): _____

Your name (Print): _____

Your Signature: _____

Authorizing Official (Print): _____

Authorizing Signature: _____

IF ADDITIONAL CHANGES TO YOUR ACCOUNT ARE NEEDED, PLEASE COMPLETE AN ADDITIONAL FORM.