



Authorization for Release of Information

I, _____, hereby authorize and appoint

(Electric Cooperative Member – Photo ID Required)

Authorized Individual Information:

Name: _____

Relationship to Member: _____

Phone Number: _____

to request and receive account information and/or conduct activity on the account(s) listed below.

Accounts Included in This Authorization (check one):

- All accounts currently in my name
- All accounts currently in my name, including any future accounts
- Only the account number(s) listed below

Scope of Authorization:

The authorized individual may:

- Request and receive credit, billing & meter usage history
- Obtain balance information & make payments on the account

This authorization does not grant ownership of the account, and the authorized individual will not be listed on billing statements.

Acknowledgment & Signature:

I understand this authorization remains in effect until revoked in writing.

Member Signature: _____ Date: _____