



**West Central Electric  
Cooperative, Inc.**

7867 S. Highway 13, P.O. Box 452  
Higginsville, MO 64037  
(660) 584-2131 or (800) 491-3803

**Authorization for Release of Information**

*(Please print or type)*

I \_\_\_\_\_, do hereby authorize and appoint  
(Name)

\_\_\_\_\_, \_\_\_\_\_  
(Name of Authorized Person) (Relationship)

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

**Accounts included in this authorization: *(Check one box only)***

- All accounts currently in my name.
- All accounts currently in my name and future accounts
- Specified accounts number(s) (For additional account number, please list and attach on a separate sheet.)

**Account Number**

**Service Address**

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*The authorized party is allowed to request and receive credit history, billing history, meter usage history, balance information and to make payments.*

\_\_\_\_\_  
(Signature) (Date)

**Please attach a copy of your government issued, photo ID.**