

Authorized Contact Agreement

PO Box 626

Return form to:

MiEnergy Cooperative

Rushford, MN 55971

31110 Cooperative Way

An "Authorized Contact" is a person you allow MiEnergy Cooperative to give your account information to. To add an Authorized Contact(s), **please fill in all the data included on this form**, sign at the bottom and fax or mail the completed form back to our office.

Fax: (507) 864-2069				
Your Information				
Account Number:				
Name as it appears on account:				
First Authorized Contact				
Name:				
Address:				
City:	State:	Zip:		
Phone number:	Date of Birth:			
Second Authorized Contact (if desired)				
Name:				
Address:				
City:	State:	Zip:		
Phone number:	Date of Birth:			
I authorize the above listed person(s) to have but not be limited to, balances, payments, as are authorized to receive this information v	ddresses and curren	t or historical ı	use information. The person(s)	
Signature of current member:			Date:	