

Authorized Contact Agreement

Return form to:

MiEnergy Cooperative

24049 Highway 9

Cresco, IA 52136

Fax: (563) 547-4033

PO Box 90

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.

OR

MiEnergy Cooperative

Rushford, MN 55971

Fax: (507) 864-2069

PO Box 626

31110 Cooperative Way

Your Information				
Account Number:	<u></u>			
Name as it appears on account:				
First Authorized Contact				
Name:				
Address:				
City:				
Phone number:	Date of Birth:			
Second Authorized Contact (if desired)				
Name:				
Address:				
City:				
Phone number:	Date of Birth:			
I authorize the above listed person(s) to ha but not be limited to, balances, payments, a are authorized to receive this information v	ddresses and curren	t or historical use in	nformation. The person(s) above	
Signature of current member:			Date:	