

Member Information Request Form

The Cooperative takes seriously the protection of member information and follows the FTC guidelines to ensure proper protocol is in place.

By signing the below, I, the Member, understand that I am allowing all parties listed below access to the electric account on this form. I further understand that the parties listed will be able to gain access to account information and make payment arrangements but are not responsible for any debt owed to the Cooperative nor will they have the authority to request a change in the status of electric service.

Date of request: _____

Member name: _____

Address: _____

Phone number: _____

Member's account number: _____

Information to be released to: _____

Email: _____

Information requested from the cooperative:

Reason for requesting information:

Authorization: _____

Member Signature

Date: _____