

# ACCOUNT AUTHORIZATION



## Account Authorization

The Federal Government has created mandatory guidelines that Midstate Electric must follow to help in the fight for identity protection. For our member's protection, only authorized members of the account will be able to obtain information. For all inquiries by telephone, Customer Service Representatives will verify and confirm the caller's identity.

Midstate Electric must have written authorization for the account holder(s) for any person(s) not on the original membership application to give any information about the account or to make any changes. To authorize a person(s) on your electric account, a Midstate Electric Authorization form must be filled out completely, signed and photo ID for each person brought into our office for verification. All authorization forms not presented in our office must be notarized and a copy of both parties photo ID attached to be valid.

## Types of Authorization


**Full Access** on an account includes obtaining balance due, disconnect and billing information, changing billing address, making arrangements, connecting and disconnecting the account(s), meter tests, and authorization to initiate and terminate Landlord Status Agreements.

**Limited Access** on an account includes obtaining balance due, payment history, disconnect and billing information. This is an inquiry only authorization; authorized person cannot make any changes to the account.

\*\*Midstate reserves the right to determine eligibility for all authorizations.

# ACCOUNT AUTHORIZATION



A Touchstone Energy® Cooperative 

Account Holder Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Last Name First Name

Additional Account Holder \_\_\_\_\_  
Last Name First Name

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ DL # \_\_\_\_\_ St \_\_\_\_\_

Authorized Account User \_\_\_\_\_ Phone # \_\_\_\_\_  
Last Name First Name

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ DL # \_\_\_\_\_ St \_\_\_\_\_

Please check one of the boxes below:

To act on my behalf, and have **FULL ACCESS** to information on my electric account(s). This includes obtaining balance due, disconnect and billing information, changing billing address, making arrangements, connecting and disconnecting the account(s), meter tests, and authorization to initiate and terminate Landlord Status Agreements.

To act on my behalf, and have **LIMITED ACCESS** to information on my electric account(s). This includes obtaining balance due, payment history, disconnect and billing information. This is an inquiry only authorization; authorized person cannot make any changes to account.

Please check one of the boxes below for description of authorized person:

Spouse    Property Mgr    Business Rep    Power of Attorney    Assistance Agency    Other: \_\_\_\_\_  
Attach copy)

I authorize my Spouse on all current and future accounts.                      ID Verified (office use only)

Account Number(s)	Service Address
_____	_____
_____	_____
_____	_____

Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_


Signature of Joint Account Holder \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Authorized Person \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**This form must be filled out completely, signed by all parties and ID provided in our office to be valid. If this form is not presented in our office, it must be notarized by all parties and a copy of each person's photo ID attached to be valid.**

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**PLEASE ATTACH A COPY OF PHOTO ID FOR EACH SIGNER**

**SIGNATURE**

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_  
\_\_\_\_\_ (date), by \_\_\_\_\_

\_\_\_\_\_  
(name[s] of person[s])

\_\_\_\_\_  
(Notary's Signature)

My commission expires: \_\_\_\_\_

(Seal or Stamp)

**SIGNATURE**

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_  
\_\_\_\_\_ (date), by \_\_\_\_\_

\_\_\_\_\_  
(name[s] of person[s])

\_\_\_\_\_  
(Notary's Signature)

My commission expires: \_\_\_\_\_

(Seal or Stamp)

**SIGNATURE**

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_  
\_\_\_\_\_ (date), by \_\_\_\_\_

\_\_\_\_\_  
(name[s] of person[s])

\_\_\_\_\_  
(Notary's Signature)

My commission expires: \_\_\_\_\_

(Seal or Stamp)

**SIGNATURE**

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_  
\_\_\_\_\_ (date), by \_\_\_\_\_

\_\_\_\_\_  
(name[s] of person[s])

\_\_\_\_\_  
(Notary's Signature)

My commission expires: \_\_\_\_\_

(Seal or Stamp)