
Billing and/or Payment History Release Form

The Energy Cooperative of America, Inc. (ECA) is hereby authorized to request and receive billing and/or payment history for the following customer account (s).

CUSTOMER: _____

ADDRESS: _____

ACCOUNT (S):

_____, (your Utility of your current Energy Supplier) is authorized and requested to respond to ECA in matters pertaining to our customer account(s) noted above. Please provide consumption history, billing, equipment, and service records along with payment history and any additional information deemed necessary by ECA.

This letter of authorization is valid for a period of not less than five consecutive calendar years, which begin with the customer signature date noted below.

AGREED TO AND REPRESENTING CUSTOMER:

Signature

Date of Signature

Print Name

Title or Position

Telephone Number

Fax Number

Referred By:

Signature

Title or Position / Date of Signature