



ALBEMARLE ELECTRIC MEMBERSHIP CORPORATION

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A Touchstone
Energy® Cooperative

THIRD PARTY AUTHORIZATION FORM

I hereby authorize Albemarle EMC to release information regarding my account(s) to the person (or persons) I am naming below.

I understand that this authorization will give the designated person(s) access **to all information** regarding my account, including, without limitation, amounts billed, amounts due, due dates, disconnect dates, late fees, payment and usage history, meter tampering occurrences, security deposits, or any other account-related information. They may also make payments on this account.

However, I also understand that this authorization **does not give the designated person any rights to make changes on my account or gain access to my password.** I am the only person that can request services such as connection or disconnection of the meter, maintenance requests, change of address or phone numbers, etc.

This authorization is valid until revoked in writing by me.

Member Signature: _____

MEMBER INFORMATION (Please print):

Name: _____ Date: _____

Address: _____

Member A/C #: _____ Last 4 digits of Social Security #: _____

THIRD PARTY DESIGNEE(s) (Please print):

Name: _____

Last 4 digits of Social Security #: _____ (for identification purposes only)

Name: _____

Last 4 digits of Social Security #: _____ (for identification purposes only)

(Revised 10-2014)