



# Tri-County Electric Cooperative

## Authorized Contact Agreement

An "Authorized Contact" is a person you allow Tri-County Electric Cooperative to give your account information to. To add an Authorized Contact(s), please fill in all the required data included on this form, sign at the bottom, and fax or mail the completed form back to our office.

Member # \_\_\_\_\_ (located on the top of your billing statement)

Account #: \_\_\_\_\_ (located on the top of your billing statement)

Name as it appears on your account: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's Lic #: \_\_\_\_\_ State \_\_\_\_\_

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### First Authorized Contact

Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's Lic #: \_\_\_\_\_ State \_\_\_\_\_

### Second Authorized Contact (if desired)

Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's Lic #: \_\_\_\_\_ State \_\_\_\_\_

I authorize the above listed person(s) to have access to all information contained on my account which will include, but not be limited to, balances, payments, addresses, and current or historical use information.

Signature of Current Member: \_\_\_\_\_ Date \_\_\_\_\_

Tri-County Electric Cooperative

PO Box 626, Rushford, MN 55971

Fax: 507-864-2871