

Organization Information Authorization

Account # _____

Organization _____

Date: _____

This document is to give authorization to _____ to be able to receive information about my account with West River Electric. This will include usage amounts, dollar balances and make payment arrangements to the account. This person(s) will NOT have the authority to make changes to the account.

This Authorization is valid until it is revoked by the member.

If the person you are giving authorization to has a previous bill owing with West River Electric this Information Authorization will be voided.

Signature - Authorized Signer for Organization

This must be either witnessed by a WREA employee OR signed by a Notary Public.

Witness: _____
Signature – WREA Employee

STATE OF _____ COUNTY OF _____

On this the _____ day of _____ 20____, before me, _____ the undersigned officer, personally appeared _____ known to me or satisfactorily proven to be the person whose name(s) subscribed to the within instrument and acknowledged that __he__ executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.

(Notary Public)

My Commission Expires _____

(SEAL)