



West Central Electric Cooperative, Inc.

7867 S. Highway 13, P.O. Box 452
Higginsville, MO 64037
(660) 584-2131 or (800) 491-3803

Authorization for Release of Information

(Please print or type)

I _____, do hereby authorize and appoint
(Name)

_____, _____
(Name of Authorized Person) (Relationship)
to request and receive account information and/or to conduct activity on the account(s) listed below.

Accounts included in this authorization: *(Check one box only)*

- All accounts currently in my name.
- All accounts currently in my name and future accounts
- Specified accounts number(s) (For additional account number, please list and attach on a separate sheet.)

Account Number

Service Address

The authorized party is allowed to request and receive credit history, billing history, meter usage history, balance information and to make payments.

(Signature) (Date)

Please attach a copy of your government issued, photo ID.