## **EPCOR Customer Information Consent**

**EPCOR is committed to protecting your personal information.** For this reason, we require your consent prior to disclosing your EPCOR account details to any third party. To ensure your request is processed efficiently, please provide the following information and sign the authorization below (please print clearly).

EPCOR Account Number:	
Account holder Name(s):	
Individual(s) or organization(s) authorized to receive information:	
and/or	
Energy Retailer(s) authorized to receive information (please be specific):	
Information you would like EPCOR to provide (please be specific):	
This consent is valid until (please specify date):	

## **AUTHORIZATION**

I/we, the undersigned, hereby authorize and direct EPCOR to release the information identified above to the party or parties specified in this form. I/we acknowledge and agree that EPCOR has no control over, and shall bear no responsibility or liability for, the actions of a third party with respect to personal information released by EPCOR in accordance with this consent form.

DATE:		
Account holder #1 Name:		
Signature:		
Account holder #2 Name: (If applicable)		
(If applicable) Signature:		

**PLEASE NOTE**: Where there is more than one account holder, EPCOR may be unable to fully provide all information authorized by this consent, unless all persons named on the account have signed this consent form.

## Delivery instructions for release of personal information:

Name of Individual, Organization or Compa	iny:					
Mailing Address:						
Phone Number:		Fax Number:				
Email Address:						
Please indicate how	v your personal inf	ormation may be tran	smitted by EPCOR to third partie	es (check all that apply):		
🖵 Mail	Phone	🖵 Fax	🖵 E-mail			

ELC