

ACCOUNT AUTHORIZATION



A Touchstone Energy® Cooperative 

Account Authorization

The Federal Government has created mandatory guidelines that Midstate Electric must follow to help in the fight for identity protection. For our member's protection, only authorized members of the account will be able to obtain information. For all inquiries by telephone, Customer Service Representatives will verify and confirm the caller's identity.

Midstate Electric must have written authorization for the account holder(s) for any person(s) not on the original membership application to give any information about the account or to make any changes. To authorize a person(s) on your electric account, a Midstate Electric Authorization form must be filled out completely, signed and photo ID for each person brought into our office for verification. All authorization forms not presented in our office must be notarized and a copy of both parties photo ID attached to be valid.

Types of Authorization

Full Access on an account includes obtaining balance due, disconnect and billing information, changing billing address, making arrangements, connecting and disconnecting the account(s), meter tests, and authorization to initiate and terminate Landlord Status Agreements.

Limited Access on an account includes obtaining balance due, payment history, disconnect and billing information. This is an inquiry only authorization; authorized person cannot make any changes to the account.

**Midstate reserves the right to determine eligibility for all authorizations.



Processed By/Date
Office Use Only

ACCOUNT AUTHORIZATION

Member Name _____ **ID Verified**
Last Name First Name
Member # _____ Phone # _____

Authorized Account User _____ Phone# _____
Last Name First Name
 Attach copy of ID to this form
Social Security # _____ Date of Birth ____/____/____ DL # _____ St _____
Please check one of the boxes below for description of authorized person:
 Spouse Property Manager Power of Attorney (Attach a copy) Assistance Agency
 Other: _____

Please check one of the boxes below:

- To act on my behalf, and have **FULL ACCESS** to information on my electric account(s). This includes obtaining balance due, disconnect and billing information, changing billing address, making arrangements, connecting and disconnecting the account(s), meter tests, and authorization to initiate and terminate Landlord Status Agreements.
- To act on my behalf, and have **LIMITED ACCESS** to information on my electric account(s). This includes obtaining balance due, payment history, disconnect and billing information. This is an inquiry only authorization; authorized person can-not make any changes to account.

Authorization for (check one):

- Account Specific _____ Service Address _____
- All current and future accounts

Signature of Member _____ **Date** _____

Signature of Authorized Person _____ **Date** _____

This form must be filled out completely, signed by all parties, and ID or notarized signatures provided to be valid.

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PLEASE ATTACH A COPY OF PHOTO ID FOR EACH SIGNER

SIGNATURE

State of _____

County of _____

This instrument was acknowledged before me on _____

_____ (date), by _____

(name[s] of person[s])

(Notary's Signature)

My commission expires: _____

(Seal or Stamp)

SIGNATURE

State of _____

County of _____

This instrument was acknowledged before me on _____

_____ (date), by _____

(name[s] of person[s])

(Notary's Signature)

My commission expires: _____

(Seal or Stamp)

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(Notary's Signature)

My commission expires: _____

(Seal or Stamp)