



P.O. Box O  
315 Main Ave N  
Bagley, MN 56621-1001  
Phone (218) 694-6241  
Toll-free 1-888-694-3833  
Fax (218) 694-6245

### THIRD-PARTY NOTIFICATION AND AUTHORIZATION FORM

This form is used to authorize a third-party to receive billing notifications and/or discuss or access a consumer's account information including billing and payments. Third-party notifications do not expire. Written third-party authorizations are valid and in effect until notified by member. It is the members responsibility to notify CPEC of changes needed to this form. Please allow two business days from the date we receive the form to process your request.

**Member information:** (consumer requesting third-party authorization) \_\_\_\_\_

Member (account) name: \_\_\_\_\_ k

**Electric account number/numbers** (required): \_\_\_\_\_

Service address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Notification and/or authorization requested:** (choose all that apply)

**Option 1: Third-party notification** – Third party listed below may receive copies of the consumer's bills and/or disconnection notices for the consumer's account listed above until either party cancels the notification. Choose from the following:

Make Payment arrangements     Disconnect Notices only     Disconnect Notices and Copies of bills

**Option 2: Third-party authorization** – Third party listed below may discuss or access the consumer's Electric account information but may not make changes to the account details.

**Third-party information:** (person/party receiving authorization)

**Name:** \_\_\_\_\_ **PASSWORD:** \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

If third-party is an existing member of Clearwater-Polk Electric Cooperative, Inc., please provide customer #: \_\_\_\_\_

I authorize the third-party listed above to receive billing notifications and/or discuss or access my account information as noted above, including billing and payments. The third-party may not change any account details.

\_\_\_\_\_  
Member signature (required)

\_\_\_\_\_  
Date

**Return completed form to: Clearwater-Polk Electric Cooperative, Inc., PO Box O \* 315 Main Ave N, Bagley, MN 56621**