**Authorization to Receive Customer Information or Act on a Customer's Behalf**

In order for CPS Energy to allow third party access to your account, CPS Energy requires the following account holder information, authorization and release:

Agency Name: \_\_\_\_\_\_\_\_\_RACAP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Holder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Holder Last 4 of Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Holder Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Holder Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Holder Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I authorize \_\_\_\_ RACAP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to access my utility account information and authorize them as my agent to act on my behalf for the following purposes:

 Request, obtain, view my utility customer account data, including all usage, past billing amounts, charges, fees incurred, date of interruption and/or disconnection of service, including all charges owed from an installation plan and/or consumption history for the purpose of determining eligibility for and/or providing financial assistance.

 To discuss and make changes to above account including the updating of customer's phone number and e-mail address, acquiring account status, payment history, disconnection of service, (discussion only) and pending orders. This includes making payment arrangements on the account, and entering into, cancelling or modifying installment or other payment plans.

This Authorization is valid for one (1) year from the date of signature. I understand I may cancel it at any time by submitting a written request to above Agency.

This Authorization provides authority to the above Agency and its authorized agents (herein after called "Agency," and I authorize CPS Energy to release the requested information on my account to the above Agency who is acting on my behalf. I hereby release, hold harmless, and indemnify CPS Energy from any liability, claim, demands, causes of actions, damages or expenses resulting from and release of information and any unauthorized use of this information by the above agent.

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Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

*A copy of this Authorization must be maintained by the agent and may be requested by CPS Energy for verification of authority to access utility account holder information.*