

# WOOD COUNTY

ELECTRIC COOPERATIVE

## Member Authorization to Release Billing History

As the account holder or the authorized representative of the account holder of Wood County Electric Cooperative (WCEC) record, I hereby authorize WCEC to release account information to the third party named below. I also authorize WCEC representative(s) to speak freely with the named person(s) or organization about the listed account(s). I hold WCEC harmless from the safe keeping of any data released. Per WCEC's tariff (Section 5, Item Q.); WCEC will assess a \$25.00 charge per account to provide data which can be retrieved electronically from a database. All other information will be supplied upon payment of actual costs. Data provided is limited to 48 months of billing history. By submitting this signed form I agree to pay these processing fees. **This form must be approved by and provided to WCEC from the business, entity, or person that is the account holder and third party permissions are in effect for 90 days from date on form.** This form is available as a pdf download, or users may submit electronically from the WCEC website. The form can also be acquired at WCEC headquarters at 501 S. Main Street, Quitman, TX 75783. Completed pdf forms can be scanned and emailed or mailed to: Wood County Electric Cooperative, Attention: Key Accounts Manager, P.O. Box 1827, Quitman, TX 75783, or [info@wcec.org](mailto:info@wcec.org)

**Member**

**Account Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Account Mailing**

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Number of accounts for this information request?** \_\_\_\_\_

**List each**

**account #:**

If there are more accounts than space provided, list on an attachment.


**Third Party**

**Company**

**Contact**

**Name(s):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mailing**

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

X

**Signature (WCEC member)**

**Date**

*WCEC will work to accommodate information requests in a timely manner which in most cases will be within 5 to 7 business days. Complex cases may take longer to accommodate.*