



A Touchstone Energy® Cooperative
The power of human connections



Member Authorization to Release Information

Account Holder Information:

Member Name: _____ TRICO Account No: _____

Service Address: _____ City: _____

Day-time Phone #: (____) _____ Account Password: _____ (If applicable)

Alternate Phone #: (____) _____

I (the TRICO account holder) authorize TRICO to release the information specified below to the authorized party listed on this form. I understand a separate form is needed for each TRICO electric service account and each authorized party, if applicable.

Authorized Party Information:

Name: _____ Relationship: _____

Phone #: (____) _____ E-mail Address: _____

Mailing Address: _____

Please specify the information you want TRICO to release to the authorized party by marking the appropriate boxes:

- Enroll or Cancel Account Program Participation Billing and Payment Information
- Make Payment Arrangements/Request Extensions Request Disconnect of Service/Transfer Service
- Update mailing address/Email/Add or Delete Phone Numbers Request Letter of Credit

By signing this document, TRICO has the authorization to release information to the authorized party listed above and shall remain in effect until I close the TRICO account **or** cancel this authorization in writing.

Signature of Account Holder
(Required)

Signature of Authorized Party
(Required)

Date
(Required)

Please return the completed and signed form to:

Trico Electric Cooperative, Inc

P.O. Box 930, Tucson, Arizona 85653-0930

For questions, please call 520-744-2944 between 8:00 a.m. and 4:30 p.m., weekdays