



Your Touchstone Energy® Cooperative

N6868 County Road F • Black River Falls, WI 54615 • 715.284.5385 • 800.370.4607 • Fax 715.284.7143

Authorization for Release of Information



Member's Full Name:	Member #:
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Account(s) to be covered by this form:

Please select one of the following options for the proper handling of your member information:

Option #1: I authorize disclosure of Account Information to the following individual(s)

By selecting this option, you hereby authorize Jackson Electric Cooperative to disclose information relating to your account, including information regarding the account balance, payment information, and disconnect status ("Account Information"). I recognize that this consent will remain in effect until I give written notice to Jackson Electric Cooperative to discontinue or terminate this consent for disclosure.

Name:	Relationship:
Name:	Relationship:
Security Question:	
Answer:	
Authorization Date:	

Option #2: I authorize disclosure of Account Information to the following organization(s)

By selecting this option, you hereby authorize Jackson Electric Cooperative to disclose information relating to your account, including information regarding the account balance, payment information, and disconnect status ("Account Information"). I recognize that this consent will remain in effect until I give written notice to Jackson Electric Cooperative to discontinue or terminate this consent for disclosure.

Name:
Contact Person (if applicable):
Security Question:
Answer:
Authorization Date:

Option #3: Permission to Share Usage Information

By selecting this option, you hereby give Jackson Electric Cooperative permission to share usage history for **one time only** to the individual or organization listed below.

Individual(s) / Organization(s):
Authorization Date:

Member's Signature:	Date:
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Internal Use Only: Account holder was contacted to confirm his/her authorization.

JEC Representative:	Date:
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Jackson Electric Cooperative is an equal opportunity provider and employer.