



### MEMBER'S AUTHORIZATION FOR RELEASE OF INFORMATION

Please note: The member named below should be the person signing this authorization and requesting the release of information. If the member is business, church, corporation, or other type of group a legal representative must sign the authorization and submit documentation to verify the authority to sign.

In order for Dakota Energy Cooperative, Inc. to discuss your account with someone other than member, you need to sign this *Release*. The party named is not responsible for the payment of your bill, but will allow Dakota Energy to discuss your account with the party named on the *Release*.

If you want another party to be able to discuss your account with us, please complete this form and return it to Dakota Energy Cooperative, Inc, PO Box 830, Huron SD, 57350.

This request will remain in effect on this account until you provide written notification to remove it from this account.

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

Member's Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

By signing below I verify that I am the Customer responsible for payment of the charges on the above account and give my permission to Dakota Energy Cooperative, Inc to discuss any and all activity on my account and utility use to the following:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_