



**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

*Trico is an equal opportunity provider and employer.*