KIUCLogoColor_2011

Account Authorization Form

By completing this Account Authorization form I hereby grant authorization to the party listed below, hereafter called Agent, to contact Kauai Island Utility Cooperative (KIUC) to obtain billing information and/or make payments on my behalf beginning on the date stated below. This authorization will remain in effect until I notify KIUC in writing.

This form must be completed in its entirety and signed by the customer of record or someone who has authority to financially bind the customer.

Outstanding debts owed by the Authorized Agent **must** be settled before that person can be listed on the account as authorized.

**Picture identification is required for both account holder and authorized person.**

If the account holder is authorizing an entity such as a realty company or managing agency, the company’s Federal ID will be accepted in lieu of a picture ID.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| KIUC Account Information | | | | | | | | |
|  |  |  | | |  |  | |  |
| Name: |  |  | | |  | Account Number: | | |
|  |  |  | | |  |  | |  |
| Service Address: |  |  | | |  |  | |  |
|  | | |  |  | |  |  | |
| Daytime Phone Number | | |  | Email | |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Authorized Agent’s Information | | | | |
|  |  |  |  |  |
| Name |  |  |  | **Last 4 digits** of SSN or FED ID # |
|  |  |  |  |  |
| Daytime Phone Number |  | Email |  |  |

|  |  |
| --- | --- |
| Account Holder Signature | Effective Date |