



Energy Cooperative of America, Inc.
 1408 Sweet Home Road Suite 8
 Amherst, New York 14228
 Tel: 716-580-3506
 Fax: 716-932-7337
 www.ecamerica.org

Billing and/or Payment History Release Form

The Energy Cooperative of America, Inc. (ECA) is hereby authorized to request and receive billing and/or payment history for the following customer account (s).

CUSTOMER: _____

ADDRESS: _____

ACCOUNT (S):

_____, (your Utility of your current Energy Supplier) is authorized and requested to respond to ECA in matters pertaining to our customer account(s) noted above. Please provide consumption history, billing, equipment, and service records along with payment history and any additional information deemed necessary by ECA.

This letter of authorization is valid for a period of not less than five consecutive calendar years, which begin with the customer signature date noted below.

AGREED TO AND REPRESENTING CUSTOMER:

 Signature

 Date of Signature

 Print Name

 Title or Position

 Telephone Number

 Fax Number

 Referred By:

 Signature

 Title or Position / Date of Signature