



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