



525 US Route 40, Greenville, Illinois 62246 • (800) 637-8667 • www.sweci.com

ACCOUNT USER AUTHORIZATION FORM

I, _____, do hereby authorize the following person(s) access to
 (Print Name)
 my account(s):

Name(s):	Relationship:	Account number(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

These authorizations shall remain in effect until the account holder or person with power of attorney verbally requests removal of the above mentioned.

All correspondences shall be sent to the address requested by the account holder. If an account is occupied by a person(s) other than the account holder, correspondences may be addressed *in care of* the user's name.

Correspondences should be sent to:

- Service Address in member's name
- Service Address *in care of* _____ (or)

Account #: _____ Account #: _____

*c/o: _____ *c/o: _____

Mailing Address: _____ Mailing Address: _____

City/State/Zip: _____ City/State/Zip: _____

*Optional. Membership holder is ultimately responsible for account balance regardless of where the bill is sent to *in care of*.

Signature: _____ Date: _____