AUTHORITY TO RELEASE MEMBER INFORMATION

SOUTHERN PINE ELECTRIC

This authorization is valid solely for the information requested on this date.

Account #_____ Date_____

Account holder name _____

Physical Address_____

Last 4 digits SSN_____ DOB_____ Daytime Phone #_____

By my signature below, I affirm that I have the authority to allow Southern Pine Electric to provide by fax or email to_____
Name of Agency Requesting Information

at this fax number or email address_____ the following information:
Fax # or Email of Agency Requesting Information

Check all that are applicable:

☐ Amount of most recent monthly bill ☐Amount of prior bill ☐Balance on Account

☐Other(specify)_____

_____ _____
Account holder of other authorized signature Signature of Requesting Agency Representative

_____ _____
Relationship if other than account holder (Spouse, POA) Name of Requesting Agency Representative

Persons acting under a Power of Attorney for the account holder must produce a certified copy of the Power of Attorney.

Please return completed form to _____ **at** _____.
Name of SPE Representative Email or Fax # at SPE Office

Agency Instructions:

- This authorization is good only for information requested on a particular date.
- Please include all requested information for the member/client.
- The name provided on the form must match the name on the account.
- The physical address will be the service address (911 address) for the member.
- The request should be specific as to what information is needed for processing.
- Signatures are required from both the member and the agency representative.
- Please call to get SPE representative name and email address/fax # prior to sending the request.

Brandon District	New Hebron District	Newton District	Taylorsville District	Hattiesburg Branch
601-824-7070	601-694-2711	601-683-2200	601-785-6511	601-264-0185
800-698-9574	800-698-9571	800-698-9573	800-231-5240	