



# Account Authorization

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

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

## KIUC Account Holder Information

Name:

Account Number:

Service Address:

Daytime Phone Number

Email

## Authorized Agent's Information

Name

Effective Date

Daytime Phone Number

Email

Account Holder Signature

Date