



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 by both account holder and authorized person.

KIUC Account 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