

RELEASE OF MEMBER INFORMATION



Date: _____

I, _____, account number _____, the account holder, hereby authorize Missoula Electric Cooperative, to release and provide billing information on my account to:

Name: _____

Address: _____

Phone: _____

Fax: _____

By signing below, I consent to the release of the above listed information and/or documents.

Member Signature

Printed Name



Missoula Electric Cooperative is an equal opportunity provider and employer.