



**Authorization to Release Account Information**

Customer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address of Primary Location/Corp. Office: \_\_\_\_\_

**Person Granting Access:**

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Third-Party Account Manager Information:**

Company: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Person's phone: \_\_\_\_\_  
Contact Person's Email: \_\_\_\_\_  
Company Mailing Address: \_\_\_\_\_

**All Account numbers that authorization is provided for:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

If no date is provided the Authorization will be good for 1 year from the date received. To revoke authorization prior to expiration date a letter with the above information will be required.

**This Authorization only allows for the following per PPL policy:**

- ICAP/Nits
- Change in Mailing Address
- Requests to Convert to EDI Billing
- Billing: Account Balance, Bill Date, Dates of Service, Payments, Collections, Rates, Demand and Consumption
- Historical Monthly Usage
- Interval Data
- Requests to Remove Paperless Billing
- Automatic Bill-Pay (EFT) Enrollment/Removal
- Add Alternate Phone Number (primary number must remain)

**Requests we will not complete for a third-party:**

- Requests to Link Accounts to Web Profile
- Enroll/Cancel Budget Billing
- Requests to Change Primary Phone Number
- Requests to Fax/Email Bill copies
- Requests to Drop/switch a Supplier
- Requests to Start and Stop Service on the Customer's Behalf

**All Fields required.**

Please return via email to: [BusinessAccounts@pplweb.com](mailto:BusinessAccounts@pplweb.com)

