



Account Access Authorization

CORE Account Holder Name

Person authorized to access account(s)

Relationship

Account # associated with this request

Service address associated with this request

I, the undersigned CORE Electric Cooperative account holder, authorize the person listed to have account access for the account listed. Access includes retrieving account records and history, making changes to the account, and requesting service disconnection. I understand that authorizing another person account access does not obligate that person to pay any electric bill.

Account Holder Signature

Date

Email this completed form to **MemberContact@CORE.coop** or send via mail to CORE Electric Cooperative, c/o Member Services, 5496 N. U.S. Highway 85, Sedalia, CO 80135.