

Steuben Rural Electric Cooperative, Inc.



CONSENT FORM TO DISCLOSE ACCOUNT INFORMATION

I hereby give my consent to the Steuben Rural Electric Cooperative, Inc. (SREC) to disclose information relating to my account balance, payment information, and disconnect status of my account with SREC to the following individual(s) and/or organization(s):

Names of Organization(s)	or Individual(s)	
I recognize this consent we this consent for disclosure	ill remain in effect until I advise SREC to otherwise discontinue or ten	rminate
Accounts:		
Member Signature:		
Member Name (Print):		
Date:		
Mail To: Billing Department	Mail To: Billing Department	

Mail To:
Billing Department
Steuben Rural Electric Cooperative, Inc.
9 Wilson Ave
Bath, NY 14810

Or Fax to: (607)776-2293

Mail To: Billing Department Steuben Rural Electric Cooperative, Inc. 5966 South Rd Cherry Creek, NY 14723 Or Fax to: (607)776-2293