

Residential Third-Party Notification and Authorization Form



This form is used to authorize a third party to receive billing notifications and/or discuss or access a customer's account information including billing and payments. Third-party notifications do not expire. Written third-party authorizations are valid up to two years. The customer may only choose one authorized third party for a specific time period. Either party may cancel the third-party notification and/or authorization at any time. Please allow three business days from the date we receive the form to process your request.

Customer information: (customer requesting third-party authorization)

Customer name: _____

Service address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____

Mailing address (if different than above): _____

City: _____ State: _____ ZIP: _____

We Energies account number (required): _____

Notification and/or authorization requested: (choose all that apply)

Option 1: Third-party notification – Third party listed below may receive copies of the customer's bills and/or disconnection notices for the customer's account listed above until either party cancels the notification. Choose one of the following:

Disconnection notices only

Disconnection notices and copies of bills

Option 2: Third-party authorization – Third party listed below may discuss or access the customer's account information but may not change any account details. Effective for (choose one):

Two years (maximum)

Less than two years: from _____ to _____
mm/dd/yyyy mm/dd/yyyy

Third-party information: (person/party receiving authorization)

Name: _____

C/O name: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Preferred phone number: _____

If third party has an existing account with We Energies, please provide: _____

I authorize the third party listed above to receive billing notifications and/or discuss or access my customer account information as noted above, including billing and payments. The third party may not change any account details.

Customer's signature (required)

Date

Return completed form to: PCCC Support Team
We Energies
P O Box 2046
Milwaukee, WI 53201