Beltrami Electric Cooperative Inc.
Your Touchstone Energy® Cooperative

4111 Technology DR NW
PO Box 488
Bemidji, MN 56619-0488
218-444-2540 800-955-6083
www.beltramielectric.com

Authorized Contact Agreement

An AUTHORIZED CONTACT is a person you allow Beltrami Electric Cooperative to give limited account information to. They will also have the ability to schedule payment arrangements on your account. This person *will not* be allowed to make ANY changes to the account. (This includes requests for changes to the service status.)

To add an AUTHORIZED CONTACT(s), Beltrami Electric Cooperative must have a signed membership form on file. Please enter all of the **required** information in the fields provided. Sign and mail/fax or drop off the completed agreement to our office. (If there is a joint membership name, that person must also sign the authorized contact agreement.)

Member Name: _____
First Middle Initial Last

Last 4 of Social Security Number: ___-___-___ Date of Birth: _____

Joint Member Name: _____
First Middle Initial Last

Last 4 of Social Security Number: ___-___-___ Date of Birth: _____

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An Authorized Contact will need to provide *their* date of birth and the last 4 of *their* SSN in order to access account information at Beltrami Electric Cooperative, Inc.

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_____
Full Name of #1 **AUTHORIZED CONTACT**

#1 Authorized Contact Date of Birth: _____
Last 4 of Social Security Number: ___-___-___
Contact Phone: _____

Please list the account number(s)
#1 Contact is Authorized for
_____
_____
_____
_____

_____
Full Name of #2 **AUTHORIZED CONTACT**

#2 Authorized Contact Date of Birth: _____
Last 4 of Social Security Number: ___-___-___
Contact Phone: _____

Please list the account number(s)
#2 Contact is Authorized for
_____
_____
_____
_____

*Authorized Contact Agreement forms will be used as a **Third Party Notification form** if one is requested during the Cold Weather Rule months.*
☐ *Check box to have copies of disconnect notices sent to your designated **Third Party**.*

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The signature(s) below grant permission to the above listed person(s) to receive limited access to information contained on the account(s) specified as well as make payment arrangements. The addition of an authorized contact does not grant any ownership to the unretired capital credits existing on membership record.

This agreement will remain in effect until Beltrami Electric is notified of its cancellation by the member(s)

Signature of Member: _____ Date: _____

Signature of Joint Member: _____ Date: _____

This Institution is an equal opportunity provider and employer.