

THIRD-PARTY BILLING AUTHORIZATION TO MANAGE ACCOUNT(S)

Fax: (719) 668-7288

I, an authorized representative	e of
As the primary customer or property manager with full account acc Utilities to grant the undersigned permission to perform the below # (if multiple accounts, please attach a sep	regarding my account:
Authorized Individual/Company: Address:	Date: State:
Authorizations Granted	
A company that is authorized to pay and receive your utilities bi update mailing address(es), access billing and financial histo establish Auto-pay, apply for rebates.	
This consent is valid until terminated by the primary customer or p discharge Colorado Springs Utilities, its officers, and employees, a all claims and liabilities, which Colorado Springs Utilities might oth of authority hereunder.	as well as the City of Colorado Springs, from
I certify that I am the primary customer or property manager autho	rized to sign this form.
Primary Customer or Property Manager	
	Date:
Name (<i>Print</i>): Address:	Telephone:
State:	County:
Signature:	
Before me on this date, 20 appeared: Identified or known to me, who acknowledged this as his/her instru	ument.
Notary Signature: Seal	

Disclaimers

Springs Utilities does not warrant the security of third party email providers. Email may not be a secure means to send private information, and customers accept any security liabilities while information is in transit. Upon receipt, Springs Utilities will secure all personal information in accordance with internal policies and applicable laws.