



Third Party Notification Authorization

Dear Member:

You have elected to sign up for York Electric Cooperative's Third Party Notification service. By filling out and signing this form, you agree to allow York Electric Cooperative to notify a third party of your choosing if your electric account is past due and/or subject for disconnection. The notification will be made by mail and/or a telephone call from our office. In the event you have multiple accounts that you would like to authorize for the Third Party Notification, please list all account numbers separately.

Please complete the following information, sign and return this form to our office. In the event that the third party holds Power of Attorney for you, please include a copy of the Power of Attorney documentation with this form. Should you have any questions, please feel free to contact our Member Services Department at (803) 684-4248, (803) 548-4244, or toll free at (800) 582-8810.

Member's Account Information:

Name: _____

Account Number(s): _____

Address: _____

City, State & Zip Code: _____

Email Address: _____

Telephone Numbers: Home _____ Cell _____

Third Party's Information:

Name: _____

Account Number: _____ (The third party does not need to be a Co-Op member)

Address: _____

City, State & Zip Code: _____

Telephone Numbers: Home _____ Cell _____

Email Address: _____

By signing this form, I agree to allow York Electric Cooperative, Inc. to notify the third party listed above when my account becomes past due.

Member's Signature

Date