



Mid-Carolina
ELECTRIC COOPERATIVE

MEMBER SERVICES DEPARTMENT
POST OFFICE BOX 669
LEXINGTON, SC 29071-0669
(803)749-6400 • 1-888-813-8000
FAX: (803)749-6467

ACCOUNT AUTHORIZATION FORM

To protect the identity of our members, Mid-Carolina Electric Cooperative will not accept forms via email that contain sensitive, personally identifiable information. Please fax or mail forms.

MCEC

ACCOUNT: _____ CIN: _____

The Federal Government has created mandatory guidelines that Mid Carolina Electric Cooperative, Inc. (MCEC) must follow to help prevent identity theft. For our member's protection, only authorized members of the account will be able to obtain information. For all inquiries by telephone, Member Service Representatives will verify and confirm the caller's identity.

*MCEC must have written authorization for the account holder(s) for any person(s) not on the original application to give any information about the account or to make any changes. **In submitting this form you are authorizing Mid Carolina Electric Cooperative to give the person(s) listed on this form limited access to your electric account. This form must be notarized to be valid, if not signed in the presence of a MCEC employee. ** MCEC reserves the right to determine eligibility for all authorizations. *****

I, _____, authorize _____ to act on my behalf, and have limited access to information on my electric account. This includes obtaining balance due and billing information, making payment arrangements and inquiries about termination due to non-payment. I also understand that the authorized person may later revoke this authorization by providing MCEC written notice of such revocation or that I may revoke such authorization through the Revocation of Account Access Form.

Does the authorized person reside at the location of the electric account? ☐ YES ☐ NO

State: _____

Account Name: _____ Drivers License# _____

Address: _____ Social Security# _____

Phone # _____

Photo Copy ID ☐ YES Date of Birth _____

Account Holder Signature: _____ Date: _____

MCEC Employee Signature: _____ Date: _____

This form must be notarized, if not signed in the presence of a MCEC employee.

Notary's name _____ Notary's signature _____

Notary Public of South Carolina

My Commission expires _____

State: _____

Auth User Name: _____ Driver's License# _____

Address: _____ Social Security# _____

Phone # _____

Photo Copy ID ☐ YES Date of Birth _____

Authorized User Signature: _____ Date: _____

MCEC Employee Signature: _____ Date: _____

This form must be notarized, if not signed in the presence of a MCEC employee.

Notary's name _____ Notary's signature _____

Notary Public of South Carolina

My Commission expires _____

Form must be notarized if it is not signed in the MCEC offices.

