Mid-Carolina

given to _

MEMBER SERVICES DEPARTMENT

POST OFFICE BOX 669 LEXINGTON, SC 29071-0669 (803)749-6400 • 1-888-813-8000 FAX: (803)749-6495 MEMBERSERVICES@MCECOOP.COM

REVOCATION OF ACCOUNT ACCESS AUTHORIZATION

The Federal Government has created mandatory guidelines that Mid-Carolina Electric Cooperative, Inc. (MCEC) must follow to help prevent identity theft. You (the account holder(s)) previously provided MCEC written authorization for another person(s) not on the original membership application to receive information about the account or to make changes to the account.

The processing of the Revocation of Account Authorization requires some time to update in all of MCEC's systems and contractor databases. It may take as long as 30 days to complete. While MCEC intends to cancel the authorization as quickly as possible, the undersigned member(s) acknowledge and understand that account information may be given out to the person authorized on the earlier Account Access Authorization form provided to MCEC up to 30 days after the attached Revocation of Account Access Authorization and all required documentation is received by MCEC.

The undersigned member(s) releases the Cooperative from any and all liability, damages, costs of every kind and nature for damage which may occur as a result of allowing a person authorized on the Account Access Authorization form being changed or revoked to access or change account information during the first 30 days after the member(s) submit the Revocation of Account Access Authorization to MCEC and hereby agrees to hold the Cooperative harmless from any and all such liability.

By signing below, I hereby CANCEL AND REVOKE all access to my (our) account previously

(A copy of the Account Authorization being revoked or changed must be attached to this form).

This form can be filled out in the office or connot be emailed or faxed to MCEC because it	mpleted in its entirety and mailed to MCEC. It should contains sensitive information.
	Driver's License #:
Account Name:	State:
Address:	CIN:
Account #:	Phone #:
Photo Copy ID Yes	Date of birth:
Account Holder	
Signature:	Date:
MCEC Employee	
Signature:	Date: