



**Mid-Carolina**  
ELECTRIC COOPERATIVE

MEMBER SERVICES DEPARTMENT  
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(803)749-6400 • 1-888-813-8000  
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MEMBERSERVICES@MCECOOP.COM

**ACCOUNT AUTHORIZATION FORM**

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, Customer 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 inquires 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.**