



## Letter of Authorization Release

I authorize \_\_\_\_\_ (Pledge Organization) and its contracted agencies to act as consultant for me and to perform the following specific powers and functions:

To receive billing records, customer service records, usage histories, or other requests as defined below for any and all account(s) under COMPANY's control or management. Any such request should be treated as if customer had made the request directly.

I authorize BTU to release copies of my BTU bills, consumption history, payment history, past due amount, date of disconnection, disconnection notice and amount needed for reconnection to the Pledge Organization, per their requests.

**Account Holder Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**BTU Account Number:** \_\_\_\_\_

**Last 4 digits of your Social Security #** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Information Requested:** \_\_\_\_\_

**Fax or Email Info:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**DATE SIGNED:** \_\_\_\_\_

Email this Letter of Authorization Release form to [contactbtu@btutilities.com](mailto:contactbtu@btutilities.com) or fax to 979-821-5781.