



Authorization Release Form

I authorize only the checked pledge organizations listed below and their contracted agencies act as a consultant for me and perform the following specific powers and functions: (Check appropriate boxes below that apply)

☒ BVCAP ☐ Catholic Charities ☐ First Baptist Church ☐ St. Vincent DePaul ☐ Other _____

The organization authorized above may receive billing records, customer service records, usage histories, or other requests as defined below for any and all account(s) under BTU's control or management. Any such request should be treated as if the customer 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 request.

BTU Account Holder Name: _____

Service Address: _____

BTU Account Number: _____

Last 4 digits of your Social Security # _____

Passport or Drivers License # _____

Contact Phone Number: _____

Information Requested: _____

Fax or Email Info: _____

SIGNATURE: _____

PRINTED NAME: _____

DATE SIGNED: _____

Email this Authorization Release Form to contactbtu@btutilities.com or fax to 979-821-5781.