



## 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](mailto:contactbtu@btutilities.com) or fax to 979-821-5781.

