



**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 City of College Station Utilities control or management. Any such request should be treated as if the customer made the request directly.

I authorize City of College Station Utilities to release copies of my 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.

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

Service Address: \_\_\_\_\_

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: \_\_\_\_\_