

THIRD-PARTY BILLING AUTHORIZATION TO MANAGE ACCOUNT(S)

Fax: (719) 668-7288

I , an authorized repr	resentative of
As the primary customer or property manager with full ac Utilities to grant the undersigned permission to perform the # (if multiple accounts, please a	he below regarding my account:
Authorized Individual/Company:	Date:
Address:	State:
Authorizations Granted	
A company that is authorized to pay and receive your update mailing address(es), access billing and finan establish Auto-pay, apply for rebates.	•
This consent is valid until terminated by the primary custodischarge Colorado Springs Utilities, its officers, and empall claims and liabilities, which Colorado Springs Utilities of authority hereunder.	ployees, as well as the City of Colorado Springs, from
I certify that I am the primary customer or property manage	ger authorized to sign this form.
Primary Customer or Property Manager	
Name (<i>Print</i>):	Date:
Address:	Telephone:
State:	County:
Signature:	<u></u>
Before me on this date, 20 appeared: Identified or known to me, who acknowledged this as his	/her instrument.
Notary Signature:	Seal

Disclaimers

Springs Utilities does not warrant the security of third party email providers. Email may not be a secure means to send private information, and customers accept any security liabilities while information is in transit. Upon receipt, Springs Utilities will secure all personal information in accordance with internal policies and applicable laws.