

CONSENT FORM

<u>TO</u>

DISCLOSE ACCOUNT INFORMATION

(rev. 2/3/2014)

I hereby give my consent to the Delaware County Electric Cooperative, Inc. ("DCEC") to disclose information relating to my account balance, payment information, and disconnect status of my account with DCEC to following individual(s) and/or organization(s):

Names of Organ	ization(s) or Individual(s):		
	this consent will remain in e rminate this consent for disc		C to otherwise
discontinue of te	inmate this consent for this	riosure.	
Member:		(Signature)	
		(Print Name)	
Account #:			