



CUSTOMER AUTHORIZATION TO RELEASE INFORMATION AND CONDUCT ACCOUNT ACTIVITY

The Customer Authorization to Release Information and Conduct Account Activity form permits account holders to delegate certain rights to authorized parties concerning MidAmerican Energy Company account(s)/service(s). The customer of record may permit an authorized party to receive information or transact business on his/her behalf and must specify what information the third party is entitled to receive, what if any act(s) the authorized party may transact on his/her behalf and whether the authorization is being provided on a one-time basis or on a longer-term basis. This form must be completed in its entirety and signed by the customer of record or someone who has authority to financially bind the customer. It is MidAmerican Energy Company's desire to permit authorized parties to transact necessary business in a manner without jeopardizing the confidential nature of the customer of record.

Completed forms can be sent to: **MidAmerican Energy Company**
ATTN: Support Services
P.O. Box 4350
Davenport, IA 52808-4350
Fax: 563-336-3568
E-mail: OnlineCustomerService@midamerican.com

Upon receipt and review of the completed form, the designated account(s) will be noted with the appropriate authorization provided. This form is to be utilized for the granting of authorization only, and the authorized party is responsible for contacting MidAmerican Energy Company to request any information or complete any transaction.

(Please print or type and complete all five sections.)

Section 1

I, _____ (_____) _____
Name Telephone Number

_____ City State Zip
Property Address

_____ Business Title (If Applicable)
Business Name (If Applicable)

_____ City State Zip
Business Address

Do hereby authorize/appoint,

_____ (_____) _____
Name of Authorized Person Telephone Number

_____ City State Zip
Address

_____ Business Title (If Applicable)
Business Name (If Applicable)

_____ City State Zip
Business Address

Section 2

Accounts included in this authorization: (Check *one* box only)

- All accounts currently in my name and future accounts.
- Specified account number(s) or addresses (if additional space is needed, attach on a separate sheet):

<u>Account Number(s)</u>	<u>Service Address</u>
_____	_____
_____	_____
_____	_____
_____	_____



Section 3

The Authorized party is allowed to conduct the following actions. (Check *one* box only)

Account Agent

- Unrestricted and Unlimited - activity and transactions
- Restricted /or Limited - activity or transactions:
(Check any or all that apply)
 - Request and received balances on accounts
 - Establish payment arrangements
 - Establish and maintain Budget Billing
 - Request and receive credit history
 - Request and receive billing history and all meter usage history
 - Request special metering, and to access interval usage and other meter usage data
 - Request connection and disconnection of services
 - Request rate analysis
 - Request rate changes
 - Other _____

Billing Agent*

- Restricted - Receive bills and remit payments *only*
All billing and correspondence are mailed to the authorized party.

*Mailing address required: _____
Address City State Zip

Section 4

The authorized party can receive account information and/or conduct business as indicated above:

Effective date--- (Check *one* box only) *If no time period is specified, the authorization will be effective from date of signature below.*

- From the date of the signature below
- From a date prior to the signature below or a future date ____/____/____ (mm/dd/yy)

Expiration date--- (Check *one* box only) *If no time period is specified, the authorization will be honored as having no expiration date.*

- One time authorization—A limited inquiry for information, one time only
- Expiration date of ____/____/____ (mm/dd/yy)
- No expiration date until terminated by the customer or authorized party

Section 5

I understand that by reason of this authorization, the named appointee may conduct the designated activity and transactions on the account(s) that I, as customer of record, may direct or perform even though I remain responsible for all payment and other service obligations. This authorization shall continue in effect until the date specified unless earlier terminated by me, customer of record.

Utility Release: Customer of record hereby releases **MidAmerican Energy Company**, its employees, officers and agents from any and all liability associated with the dissemination and use of such utility account information and authorization.

PRINT CUSTOMER NAME

CUSTOMER SIGNATURE

Executed this ____ day of _____, _____
MONTH YEAR