



**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 should be mailed to: **MidAmerican Energy Company** or faxed to: 563-336-3568
ATTN: Support Services
P.O. Box 4350
Davenport, IA 52808-4350

Keep a copy of the completed authorization form(s) for your records.

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)

I, _____, _____
NAME TITLE (If applicable)

of _____, at _____, and having the mailing address
BUSINESS NAME (If applicable) CONTACT TELEPHONE NUMBER

MAILING ADDRESS CITY STATE ZIP

do hereby authorize and appoint _____, _____
NAME OF AUTHORIZED PERSON TITLE/RELATION TO CUSTOMER OF RECORD

of _____, at _____, and having the mailing address
COMPANY NAME (If applicable) CONTACT TELEPHONE NUMBER

MAILING ADDRESS CITY STATE ZIP

to request and receive account information and/or to conduct account activity on the account(s) listed below.

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

- All accounts currently in my name. (**Must** list all the account numbers below or attach on a separate sheet)
- All accounts currently in my name and future accounts.
- Specified account number(s) (For additional account numbers, please list and attach on a separate sheet):

Account Number	Service Address	Service Type
_____	_____	Electric _____ Gas _____
_____	_____	Electric _____ Gas _____
_____	_____	Electric _____ Gas _____



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

- Account Agent (All activity and transactions)
- Billing Agent (Receive bills and remit payments only. Billing and correspondence are sent to the authorized party.)
- Account and Billing Agent (All activity and transactions, including receiving bills and remitting payments. Billing and correspondence are sent to the authorized party.)
- Specific transactions or functions listed below:
(Check all that apply)
 - All options listed below
 - Request and receive balances on accounts
 - Conduct account changes
 - 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 _____

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

(Check one box only)

If no time period is specified, the authorization will be effective from date of signature below.

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

(Check one box only)

If no time period is specified, the authorization will be honored as having no expiration date.

- One time authorization
- Expiration date of ____/____/____ (mm/dd/yy)
- No expiration date until terminated by the customer or authorized party

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 customer of record

Utility Release: customer of record hereby releases **MidAmerican Energy Company** its employees, officers and agents and assigns 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