



Rural Route 2, Box 372-B, Mulberry Grove, IL 62262 • 3625 George Street, Highland, IL 62249  
(800) 705-7427 • www.propaneplus.coop

### ACCOUNT USER AUTHORIZATION FORM

I, \_\_\_\_\_, do hereby authorize the following person(s) access to  
(Print Name)  
my account(s):

Name(s):	Relationship:	Consumer ID(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

These authorizations shall remain in effect until the account holder or person with power of attorney verbally requests removal of the above mentioned.

All correspondences shall be sent to the address requested by the account holder. If an account is occupied by a person(s) other than the account holder, correspondences may be addressed *in care of* the user's name.

Correspondences should be sent to:

- Service Address in account holder's name
- Service Address *in care of* \_\_\_\_\_ (or)

Consumer ID: \_\_\_\_\_ Consumer ID: \_\_\_\_\_

\*c/o: \_\_\_\_\_ \*c/o: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

\*Optional. Account holder is ultimately responsible for account balance regardless of where the bill is sent to *in care of*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_