



P.O. Box 129
280 E Wood Rd
Rensselaer, IN 47978
jasperremc.com
219-866-4601
888-866-7362
(F) 219-866-2199

Dear Member:

The attached form will need to be filled out and returned to our office if you would like to add a designated party who may inquire about your account information.

This person will only be able to inquire about the account and make payments on your behalf. We will not be able to accept any changes to the account that the designated party may want to make on your behalf, such as a connection or disconnection, mailing address change, etc. Those changes will need to be made by you, the member.

The designated party is **NOT** responsible for any balance on the account; this person is only able to inquire about the account. The person that you designate to receive this information must have the account number and name on the account when he/she makes an inquiry.

Please fill out the attached **Authorization to Release Account Information** form completely and return it to our office. Upon receipt of the completed form, we will make the appropriate updates to your account. **Please remember, this authorization will remain in effect until it is withdrawn in writing and delivered to Jasper County REMC.**

If you have any questions or concerns, please feel free to call our office between 7:30 am and 4:00 pm CST, Monday through Friday at 219-866-4601 or toll free at 888-866-7362. You may also email us at jasperremc@jasperremc.com.

Sincerely,

Jasper County REMC



A Touchstone Energy® Cooperative 

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Authorization to Release Account Information

The undersigned, a member of Jasper County Rural Electric Membership Corporation (the REMC), hereby authorizes the REMC to release account information to the person or persons identified below and further authorizes the REMC to receive on the member's behalf payments from such person or persons.

- This is a personal account (usually residential)
- This is a business account (usually in name of a business)
- This is an organization account (usually a non-profit; church etc.)

Member Name(s) (as it appears on REMC bill): _____

Account Number: _____

Member's Telephone Number: _____

Name of Designated Party: _____

Name of Designated Party: _____

This authorization shall remain in effect until it is withdrawn in writing and such written withdrawal is delivered to the REMC at its headquarters.

Member signature: _____

Dated this _____ day of _____, 20____.