

# Third-party notification and authorization form



This form is used to authorize a third party to receive billing notifications and/or discuss or access a customer's account information including billing and payments. Third-party notifications do not expire. Written third-party authorizations are valid up to two years. The customer may only choose one authorized third party for a specific time period. Either party may cancel the third-party notification and/or authorization at any time. Please allow three business days from the date we receive the form to process your request.

## Customer information: (customer requesting third-party authorization)

Customer name: \_\_\_\_\_

Service address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_

Mailing address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Wisconsin Public Service account number (required): \_\_\_\_\_

## Notification and/or authorization requested: (choose all that apply)

**Option 1: Third-party notification** - Third party listed below may receive copies of the customer's bills and/or disconnection notices for the customer's account listed above until either party cancels the notification. Choose one of the following:

Disconnection notices only

Disconnection notices and copies of bills

**Option 2: Third-party authorization** - Third party listed below may discuss or access the customer's account information but may not change any account details. Effective for (choose one):

Two years (maximum)

Less than two years: from \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

## Third-party information: (person/party receiving authorization)

Name: \_\_\_\_\_

C/O name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Preferred phone number: \_\_\_\_\_

If third party has an existing account with WPS, please provide: \_\_\_\_\_

I authorize the third party listed above to receive billing notifications and/or discuss or access my customer account information as noted above, including billing and payments. The third party may not change any account details.

\_\_\_\_\_  
Customer's signature (required)

\_\_\_\_\_  
Date

Return completed form to: Wisconsin Public Service  
Attn: Customer Service  
PO Box 19003  
Green Bay, WI 54307-9003