



**CUSTOMER’S AGENT AUTHORIZATION FORM**

Scan and return via  
- Email: [customerservice@gpng.com](mailto:customerservice@gpng.com)  
- Fax: 1-701-323-3104, or  
- Mail: Great Plains Natural Gas Co., Attn: Customer Support, PO Box 7608, Boise, ID 83707-1608

**Instructions**

To designate an authorized agent to act as a personal representative for a Great Plains Natural Gas Co. (Great Plains) customer of record, this form must be completed in full for the Agent to receive access privileges. By completing this form, the customer authorizes the following:

- Great Plains agrees to provide access to all information about the customer’s account(s) to the Authorized Agent designated below, and
- The Authorized Agent to act and conduct activity on behalf of the customer as described in Part B below.

The Great Plains Customer seeking to designate an individual or organization Authorized Agent status must provide the information identified in Part A below, then complete and sign Part B.

The completed and signed form must be submitted to Great Plains email to [customerservice@gpng.com](mailto:customerservice@gpng.com), by mail to Great Plains Natural Gas Co. Attn: Customer Support, PO Box 7608, Boise, ID 83707-1608, or by Fax at 701-323-3104. If any of the *required* information is not provided, or the form is otherwise incomplete, it may not be accepted by Great Plains. If a Power of Attorney, any outside contract or letter of authorization is sent in lieu of the Authorization Form, it will not be considered a valid consent to grant Agent access.

**A. PROVIDE INFORMATION FOR THE INDIVIDUAL OR ORGANIZATION THAT THE CUSTOMER IS CONSENTING AUTHORIZED AGENT STATUS.**

(An asterisk \* indicates that the information is required for processing.)

Please Print

Agent’s Name\*: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Agent’s Mailing Address\*: \_\_\_\_\_ Agent’s Phone\*: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

## B. CUSTOMER INFORMATION AND AUTHORIZATION

By signing this Agent Authorization form I agree to accept sole responsibility for all charges incurred as a result of actions taken by the Authorized Agent. I authorize Great Plains to disclose any and all information about my Great Plains account(s), including customer usage data, to the Agent identified in Part A of this form and the Agent's representatives (collectively, "Authorized Agent") so the Authorized Agent can conduct the following activities on my behalf:

- Request and receive billing records, billing history and all energy usage information used for bill calculation.
- Request and receive Great Plains correspondence and information regarding:
  - Verification of rate, date of rate change, and related information;
  - Contracts and service agreements;
  - Previous adjustments and/or credits; and
  - Other issues or unresolved/disputed billing adjustments.
- Request and receive verification of balances and interruption notices.
- Request utility accounts to be established or terminated.
- Enroll and utilize Online Account Services.
- Change mailing address for monthly statements and other notices.
- Update phone number and other account contact information.
- Receive, review, approve, dispute and pay energy service bills.
- Receive and process Notices related to disconnection.
- Sign-up to receive account alerts via text or email.
- Enter into written contracts, including a Continuous Service Agreement.

I agree that my Authorization is effective for **ALL** existing, and future Great Plains accounts, including those accounts opened by my Authorized Agent on my behalf until I terminate this Authorization and withdraw consent to the release of additional information by Great Plains to the Authorized Agent. I understand that I have the right to terminate this Authorization at any time. I understand that to terminate Authorization, I must provide that information to Great Plains in writing. I understand that I must make termination of this Authorization or changes to my authorization, either by an attachment to this Authorization form or by separate notification, to Great Plains Natural Gas at [customerservice@gpng.com](mailto:customerservice@gpng.com) or PO Box 7608, Boise, ID 83707-1608. I understand that termination requests may take up to thirty (30) days from Great Plains' receipt of my notice to take effect.

I understand that I have the right to keep certain information about my Great Plains account confidential unless disclosure of it is required by law or unless I provide consent such as by my signature to this Authorization. I also understand that I am not required to make this Authorization, and if I choose not to make this Authorization, my Great Plains utility services will not be affected.

I understand that once my information has been provided to the Authorized Agent identified in Part A of this form, Great Plains will have no control over and no responsibility for safeguarding the confidentiality or security of the information now in the possession of the Authorized Agent or for the Authorized Agent's use, disclosure or handling of the information. Great Plains shall not be responsible for monitoring or taking any steps to ensure that the Authorized Agent is maintaining the confidentiality of the information or the information as I intend. I hereby release, hold harmless and indemnify Great Plains from any liability, claims, demands, causes of action, damages or expenses resulting from: 1) any release of information to my Authorized Agent pursuant to this Authorization; 2) the unauthorized use of this information by my Authorized Agent; and 3) from any actions taken by my Authorized Agent pursuant to this Authorization, including rate changes.

**SIGNED AUTHORIZATION**

By my signature, I affirm that I am Customer of Record for the Great Plains account(s) subject to this Authorization, everything in this Authorization is true and correct, and I authorize Great Plains to disclose my customer information as specified in this form. In addition to the signature below, verbal confirmation by a representative of Great Plains may be made with the Customer prior to final processing.

Name of person or business on account(s) \_\_\_\_\_

Authorized signature for Customer of Record \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		
ID #	Processed by:	Date: