



Town of Columbus

PO BOX 146 · Columbus, NC 28722 · (828) 894 - 8236

Account Authorization Form

Account Holder

Account Number _____

Name _____

Account Address _____

Phone Number _____

By signing this form I remove the legal obligation to keep my account information private and authorize the Town of Columbus to release my utility account information to the following person(s):

Agent Information

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

The information may be shared: in person by phone by fax by mail by email

Electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

I understand and agree to the following:

Initial

1. My account information will only be released to the person(s) I have authorized on this form _____
2. That releasing information about me could give another agency or person information that would confirm that I have been receiving utility services from the Town of Columbus _____
3. That the Town of Columbus and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others. _____

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time in person by my initial to withdraw and in writing by my initial to withdraw.

Signature

Date

Withdraw Authorization Signature

Date