




Berkeley Electric Cooperative, Inc.

Your Touchstone Energy® Cooperative 

www.berkeleyelectric.coop

Post Office Box 1234, Moncks Corner, SC 29461

INQUIRY AUTHORIZATION FORM

Date: _____

Account Name: _____

Account Number: _____

Service Address: _____

Contact Name: _____

Contact Phone Number: _____

Contact SSN: _____ Driver's License: _____

Do you wish to update the mailing address at this time: Yes No

If so, provide the new mailing address: _____

Filling out this form allows this individual to make inquiries on the account, update telephone numbers, e-mail address, SmartHub password, and the mailing address. It also allows this individual to make payment arrangements on behalf of the member. It does not allow them to make any changes in the service status or add any additional accounts. It does **NOT** make them a member of Berkeley Electric Cooperative, Inc. Please be aware, this also means this individual can **NOT** vote or receive a registration gift at the Annual Meeting on behalf of the member.

I, _____ verify that I have given permission for the above listed person to be allowed to make inquiries on my behalf on my Berkeley Electric Inc. account. I also understand that this does not release me from my obligation for this account, as I am still the account holder.

Account Holder Signature

Contact Signature

Berkeley Electric Cooperative is an equal opportunity provider and employer.