

**CUSTOMER AUTHORIZATION FORM
SPECIFIC SERVICES**

NYSEG General Retail Access Program

**New York State Electric & Gas Corporation
P.O. Box 5224
Binghamton, NY 13902-5224
(607) 762-7052**

Customer must provide all information as shown on the NYSEG bill. This request must be made and signed by the customer on record who is financially responsible for NYSEG account(s).

Customer Name (print): _____

Signature: _____

Service Address: _____

NYSEG Account Number: _____

NYSEG Meter Number: _____

My signature above certifies that I am the financially responsible person for the account(s) listed and indicates my consent and authorization for ESCO named below to request NYSEG to perform the designated actions indicated by the check(s) below. Be sure to check all those that apply. (This form will not be valid without the signature of the financially responsible customer.)

_____ Provide credit information on the account(s) listed above. Credit information shall consist of whether or not the customer had late payments and/or had been disconnected during the past 12 months.

_____ Request that NYSEG change my current service classification from _____ to _____ for the following reasons: _____

_____ I understand that my service classification will not be switched if my account is not eligible for that service classification.

_____ Release my consolidated bill.

_____ Other: _____

Financially Responsible Customer Signature: _____ Date: _____

ESCO Name: _____

ESCO Address: _____

ESCO Phone #: _____