

Secondary Accountholder Authorization

Primary Member

Name	<input type="text"/>		
Address	<input type="text"/>	City, State, Zip	<input type="text"/>
Primary phone number	<input type="text"/>	Email Address	<input type="text"/>
Account(s) Number	<input type="text"/>	Employer	<input type="text"/>
Social security number	<input type="text"/>	Driver's license number <small>(include copy)</small>	<input type="text"/>

By authorizing the addition of a secondary accountholder, the primary member authorizes the secondary member listed below to be added to his/her Victory Electric account.

Secondary Accountholder

Name	<input type="text"/>		
Relationship to primary	<input type="text"/>	Email address	<input type="text"/>
Social security number	<input type="text"/>	Driver's license number <small>(include copy)</small>	<input type="text"/>
<i>If contact information is different from primary member</i>			
Primary phone number	<input type="text"/>	Employer	<input type="text"/>
Address	<input type="text"/>	City, State, Zip	<input type="text"/>

Both the Primary Member and the Secondary Accountholder Acknowledges:

- The secondary account holder has permission to obtain billing and payment history, inquire about bill due date(s) and total amount due, make payments, set up payment arrangements, and make account changes such as mailing address, phone number and email address.
- The primary member holds the cooperative membership. It does NOT become a joint membership. The secondary accountholder does not have voting rights in the cooperative.
- The secondary accountholder assumes and shares liability for any debt incurred on the account.
- Electric service CANNOT be disconnected by the secondary accountholder.
- This authorization is in effect until Victory Electric is otherwise notified by the primary member.

<input type="text"/>	<input type="text"/>
<i>Primary member signature</i>	<i>Date</i>

<input type="text"/>	<input type="text"/>
<i>Secondary member signature</i>	<i>Date</i>

<input type="text"/>
<i>VEC MSR Initial</i>
<input type="text"/>
<i>Date</i>

*****Please include a copy of the Secondary Accountholders ID*****