

Third Party Notification Program

Oklahoma Electric Cooperatives' third party notification service can help prevent an unexpected disconnection of your electric service or the electric service of someone close to you who needs special assistance.

When notices are mailed to a participating member, a copy of the chosen notices will also be mailed to a designated third party. This person can then remind the member to pay the bill and avoid a possible disconnection of the electric service.

This plan is intended to help those who are sick, elderly, or away from home for extended periods. The designated third party is under no obligation to pay the bill or to assume responsibility for its payment. Unless, they have been authorized by the member, this person will not be given further information on the account beyond this notification, nor will they be able to make arrangements or changes to the account. This person is notified so that he or she may be aware of the status of the electric bill and can assist the member as needed.

For members who request third party notification, an application form must be completed and signed by both the member requesting the service and the person selected to receive the letter of notice. The third party does not need to be a co-op member.

If you wish to sign up for third party notification, please fill out the application form, sign it, have the designated third party sign also, and return it to our office.

The form may also be mailed separately at any time to Oklahoma Electric Cooperative
Attn: Third Party Notification Program, P.O. Box 1208, Norman, OK 73070-1208

OKLAHOMA ELECTRIC COOPERATIVE

Third Party Notification Application

Name _____

(Please print as it appears on your electric bill)

Account Number(s) _____

Service Address _____

City / State / Zip _____

Home Phone # _____ Work # _____ Cell # _____

Social Security Number _____

I hereby authorize Oklahoma Electric Cooperative to send a copy of the designated notice(s) to the below named third party. I understand that this person is under no obligation to pay the bill or to assume responsibility for its payments.

Requested notices (**check one**)

_____ Copy of bill

_____ Copy of cut off notice

_____ Copy of both bill and cut off notice

Member's Signature:

Print name of Person you wish to receive a letter of notice:

Name _____ Relationship _____

Address _____

City/State/Zip _____

Phone Number _____

I hereby authorize Oklahoma Electric Cooperative to send me a copy of the designated notice(s). I understand that I am under no obligation to pay the above customer's bill.

Third Party's Signature:

Date _____