

Secondary Accountholder Authorization

Primary Member

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

If contact information is different from primary member

Home phone number	<input type="text"/>	Cell phone number	<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.
- This authorization is in effect until Victory Electric is otherwise notified by the primary member.
- **Electric service CANNOT be disconnected by the secondary accountholder unless you initial and date here:**
INITIAL _____ DATE _____

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

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

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

Please include a copy of the Secondary Accountholders ID