



an NRG company

Dear Mr./ Mrs. Customer:

Thank you for being a valued Reliant customer.

At Reliant, we take the protection of your confidentiality seriously. For us to discuss your confidential account information with an individual other than you or your spouse, the Account Access Authorization form must be signed and faxed to **855-532-4983**, or emailed to **service@reliant.com**. If you have previously executed a Power of Attorney, or if there is a legal documentation such as Order of Guardianship, Executor or Administrator of an estate, you may attach the document to this form.

If you have any questions, we are here day or night at 1-866-222-7100. Chat is also available at Reliant.com. Our goal in everything we do is to ensure you are satisfied with our plans and services and keep you as a loyal customer. We look forward to serving you for years to come.

Sincerely,

A handwritten signature in cursive script that reads "Bill Clayton". The signature is written in black ink and is positioned above the printed name and title.

Bill Clayton  
Vice President, Customer Care



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## Account Access Authorization Form

You may authorize a third party to obtain and discuss your confidential account information. To do so, please fill out and sign this Account Access Authorization Form and fax it to **855-532-4983**, or email it to **service@reliant.com**. Please be advised that we will continue to send all communication to you.

\* Asterisk indicates required information

### Reliant Customer:

\* First and Last Name: \_\_\_\_\_

\* Account Number (including the number after the dash): \_\_\_\_\_

\* Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\* Contact Telephone Number: \_\_\_\_\_ (Hm) \_\_\_\_\_ (Cell)

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

**This information may be used to update your account.**

### Authorized Party:

\* First and Last Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

\* Address: \_\_\_\_\_

\* Contact Telephone Number: \_\_\_\_\_ (Hm) \_\_\_\_\_ (Cell)

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

I authorize the individual named above to access my account information. I understand that it will take up to 3 business days upon receipt of the request to activate the authorization, and it may be delayed if the form is incomplete. If at anytime I choose to remove the individual named from accessing my account information, it is my responsibility to notify Reliant by faxing a written request to **855-532-4983**, or emailing to **service@reliant.com**.

\_\_\_\_\_  
Reliant Customer Signature

\_\_\_\_\_  
Date