

Third-Party Authorization Form



My AEP Account Number(s)

Third Party Information

I, _____, authorize American Electric Power
to mail a pending disconnect notice to the following address:

Name

Address

City

State

Zip Code

Phone Number (Home)

Phone Number (Work)

Signature of the AEP account holder

Date

[Signature line]

By signing, you are consenting to the release of the above third-party information.

For processing, please return this form to:

American Electric Power -
Credit Policy & Payment Administration
1 AEP Way
Hurricane, WV 25526