MONTANA-DAKOTA
UTILITIES CO.
A Subsidiary of MDU Resources Group, Inc.

In the Community to Serve®

CUSTOMER'S AGENT AUTHORIZATION FORM

Scan and return via
- Email: *customerservice@mdu.com*
- **Fax**: 1-701-323-3104, or
- **Mail:** Montana-Dakota Utilities Co., Attn: Customer Support, PO Box 7608, Boise, ID 83707-1608

Instructions

To designate an authorized agent to act as a personal representative for a Montana-Dakota Utilities Co. (Montana-Dakota) customer of record, this form must be completed in full for the Agent to receive access privileges. By completing this form, the customer authorizes the following:

- Montana-Dakota agrees to provide access to all information about the customer's account(s) to the Authorized Agent designated below, and
- The Authorized Agent to act and conduct activity on behalf of the customer as described in Part B below.

The Montana-Dakota Customer seeking to designate an individual or organization Authorized Agent status must provide the information identified in Part A below, then complete and sign Part B.

The completed and signed form must be submitted to Montana-Dakota by email to *customerservice@mdu.com*, by mail to Montana-Dakota Utilities Co. Attn: Customer Support, PO Box 7608, Boise, ID 83707-1608, or by Fax at 701-323-3104. If any of the *required* information is not provided, or the form is otherwise incomplete, it may not be accepted by Montana-Dakota. If a Power of Attorney, any outside contract or letter of authorization is sent in lieu of the Authorization Form, it will not be considered a valid consent to grant Agent access.

A. PROVIDE INFORMATION FOR THE INDIVIDUAL OR ORGANIZATION THAT THE CUSTOMER IS CONSENTING AUTHORIZED AGENT STATUS.

(An asterisk * indicates that the information is required for processing.)

Please Print

Agent's Name*: _____Contact Name: _____

Agent's Mailing
Address*: _____ Agent's Phone*: _____

_____ Fax: _____

B. CUSTOMER INFORMATION AND AUTHORIZATION

By signing this Agent Authorization form I agree to accept sole responsibility for all charges incurred as a result of actions taken by the Authorized Agent. I authorize Montana-Dakota to disclose any and all information about my Montana-Dakota account(s), including customer usage data, to the Agent identified in Part A of this form and the Agent's representatives (collectively, "Authorized Agent") so the Authorized Agent can conduct <u>the following</u> activities on my behalf:

- Request and receive billing records, billing history and all energy usage information used for bill calculation.

- Request and receive Montana-Dakota correspondence and information regarding:

    o Verification of rate, date of rate change, and related information;
    o Contracts and service agreements;
    o Previous adjustments and/or credits; and
    o Other issues or unresolved/disputed billing adjustments.

- Request and receive verification of balances and interruption notices.

- Request utility accounts to be established or terminated.

- Enroll and utilize Online Account Services.

- Change mailing address for monthly statements and other notices.

- Update phone number and other account contact information.

- Receive, review, approve, dispute and pay energy service bills.

- Receive and process Notices related to disconnection.

- Sign-up to receive account alerts via text or email.

- Enter into written contracts, including a Continuous Service Agreement.

I agree that my Authorization is effective for **ALL** existing, and future Montana-Dakota accounts, including those accounts opened by my Authorized Agent on my behalf until I terminate this Authorization and withdraw consent to the release of additional information by Montana-Dakota to the Authorized Agent. I understand that I have the right to terminate this Authorization at any time. I understand that to terminate Authorization, I must provide that information to Montana-Dakota in writing. I understand that I must make termination of this Authorization or changes to my authorization, either by an attachment to this Authorization form or by separate notification, to Montana-Dakota Utilities, at *customerservice@mdu.com* or PO Box 7608, Boise, ID 83707-1608. I understand that termination requests may take up to thirty (30) days from Montana-Dakota's receipt of my notice to take effect.

I understand that I have the right to keep certain information about my Montana-Dakota account confidential unless disclosure of it is required by law or unless I provide consent such as by my signature to this Authorization. I also understand that I am not required to make this Authorization, and if I choose not to make this Authorization, my Montana-Dakota utility services will not be affected.

I understand that once my information has been provided to the Authorized Agent identified in Part A of this form, Montana-Dakota will have no control over and no responsibility for safeguarding the confidentiality or security of the information now in the possession of the Authorized Agent or for the Authorized Agent's use, disclosure or handling of the information. Montana-Dakota shall not be responsible for monitoring or taking any steps to ensure that the Authorized Agent is maintaining the confidentiality of the information or the information as I intend. I hereby release, hold harmless and indemnify Montana-Dakota from any liability, claims, demands, causes of action, damages or expenses resulting from: 1) any release of information to my Authorized Agent pursuant to this Authorization; 2) the unauthorized use of this information by my Authorized Agent; and 3) from any actions taken by my Authorized Agent pursuant to this Authorization, including rate changes.

SIGNED AUTHORIZATION

By my signature, I affirm that I am Customer of Record for the Montana-Dakota account(s) subject to this Authorization, everything in this Authorization is true and correct, and I authorize Montana-Dakota to disclose my customer information as specified in this form. In addition to the signature below, verbal confirmation by a representative of Montana-Dakota may be made with the Customer prior to final processing.

Name of person or business on account(s) _____

Authorized signature for Customer of Record _____

Printed Name _____Title_____

Telephone Number _____ Date _____

FOR OFFICE USE ONLY

ID #   Processed by: Date: