

# 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)

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Signature of the AEP account holder

Date

\_\_\_\_\_

*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