

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

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