

AUTHORISATION FOR RELEASE OF INFORMATION

1. CUSTOMER DETAILS

Meridian Account Name Meridian Customer Number(s)

Name of person giving authorisation Contact Phone Number.....

2. AGENT DETAILS

Agent Name Agency Name

Agent Contact Details

3. SCOPE

Information authorised for disclosure

Information about my electricity usage	Yes/No
Information about my rates/pricing	Yes/No
Information about my contract term or break fees, if any	Yes/No
Copies of my invoices (includes associated addresses)	Yes/No

ICPs for which information is authorised for disclosure

All ICPs related to the Customer Number(s) specified in section 1. Yes/No

If no please specify ICPs for which information may be provided

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- By signing this form, you are authorising Meridian to disclose the information specified in section 3 of this form to the Agent named in section 2 of this form on request.
- This authorisation is valid for 10 business days from the date it is signed
- You warrant that you are authorised to give us permission to disclose the information.
- Meridian takes no responsibility and disclaims all liability for any use or further disclosure of the information by the Agent.
- If, at any time, you wish to revoke this authorisation you need to let us know either by contacting us on 0800 496 496 or by e-mail to business@meridianenergy.co.nz
- We will cease providing information to the Agent as soon as we become aware this authorisation has been revoked

Signature Date

Note for Agents: Completed customer authorisation form and details of your information request should be provided via e-mail to business@meridianenergy.co.nz.