



Authorization to Access Account Information Form

10850 (2022-06)

Customer Contact Information

Customer Name	Customer Account Number
Customer Primary Phone Number Landline Mobile Work	Customer Alternate Phone Number Landline Mobile Work

Customer Service Address

Street Address		
City/Town	Province	Postal Code

Billing and Notice Address (if different from above)

Street Address		
City/Town	Province	Postal Code

Billing Contact *(The Billing Contact will be authorized to make decisions regarding your account, will have access to all billing and account information including site data, payment information, consumption data, and overdue balance information and will be able to make changes to your account. By naming a Billing Contact you consent to the Billing Contact having: (i) access to your account information; (ii) authority to make decisions and changes to your account; and (iii) to bind you with respect to same.)*

I consent to the following additional person(s) to be the Billing Contract for this account and to such person(s) having: (i) access to my account information; (ii) authority to make decisions and changes to my account; and (iii) to bind me with respect to same. This consent remains valid unless and until ENMAX Energy has received written notice from you of the revocation of this consent.

Name (Last, First) Please Print	Primary Phone Number	Date (YYYY, MM, DD)
Name (Last, First) Please Print	Primary Phone Number	Date (YYYY, MM, DD)
Signature Of Account Holder		Date (YYYY, MM, DD)

Site Contact *(The Site Contact will not have access to any account information, nor will they be permitted to make any decisions regarding or changes to the account. The Site Contact may be contacted by the Distribution Company in the event of any required maintenance work, planned outages or emergencies in your area. If no Site Contact is named, the Distribution Company will contact the account holder with respect to such notices.)*

I consent to the following additional person(s) to be the Site Contract for this account. This consent remains valid unless and until ENMAX Energy has received written notice from you of the revocation of this consent.

Name (Last, First) Please Print	Primary Phone Number	Date (YYYY, MM, DD)
Name (Last, First) Please Print	Primary Phone Number	Date (YYYY, MM, DD)
Signature Of Account Holder		Date (YYYY, MM, DD)

You acknowledge and agree that ENMAX Energy and its affiliates shall have no liability in connection with the disclosure of the above-noted information in accordance with this authorization request.

The parties acknowledge and agree that an electronic transmission of this Authorization to Access Account Information form provided by the Customer to ENMAX Energy is valid and binding upon the Customer. This Authorization to Access Account Information form is governed by Alberta law.

Please see the provisions of [ENMAX's Privacy Commitment](#) for more information. If you have any questions or concerns about the collection of personal information, please contact the ENMAX Privacy team at privacy@enmax.com.

E-Mail & Mailing Information

Please e-mail or mail the completed & signed form to the ENMAX Corporation Customer Advocacy team at one of the following addresses:

ENMAX Encompass Inc. Attn: Customer Advocacy
 Z2016 P.O. Box 2100 STN Main
 Calgary, AB, T2P 2M5

customeradvocacy@enmax.com