



**Financial Authorization Form**

**Service Location for Move In:**

Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Responsibility: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Numbers(s): \_\_\_\_\_

**Residential Provide One:** Last Four SSN, Full DOB / **Commercial Provide both:** UBI and Tax ID (include state)

**I confirm by signing this authorization form, I agree and acknowledge that I am applying for utility service with Puget Sound Energy and am responsible for any charges incurred at the location listed above.**

Applicant Authorization Signature: \_\_\_\_\_

Co- Applicant Authorization Signature: \_\_\_\_\_

Applicant Authorization Name: \_\_\_\_\_

Co-Applicant Authorization Name: \_\_\_\_\_

Signature Date: \_\_\_\_\_

**Complex/Management/Owner**

Name: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_