

**DUKE ENERGY CUSTOMER DATA RELEASE AND ACCOUNT AUTHORIZATION FORM
FOR THIRD PARTY ACCOUNT MANAGERS**

Unless required by law, Duke Energy's regulated utilities are unable to disclose customer information to any person or company without the customer's consent and then only to the extent specified by the customer.

I authorize Duke Energy to release my energy data to CPower beginning _____ and ending _____.

The following data elements, and account authorizations, will be included:

- Customer Name
- Customer Type (Ex. Residential or Non-Residential)
- Rate Schedule
- Billing Account Number
- Billing Information (Past, Current and Total Amounts Due, Security Deposit Due, etc.)
- Billing and Payment History (including bill copies)
- Request rate changes
- Make changes to existing utility services (stop or modify services)
- Add new utility services
- Service Address
- Bill Month and Year
- KWH Usage & Charges
- Gas Usage & Charges
- Reading Date
- Add or remove my accounts from EDI billing
- Update account profile information, including mailing and email addresses

I understand that Duke Energy will provide this information to the named third party during the timeframe indicated above. I agree to release Duke Energy from all legal liability from the disclosure of my data. Specifically, I hereby release Duke Energy from, and waive and agree not make any claims against Duke Energy, its directors, officers or employees, for any losses, liabilities, claims, damages, costs or expenses which I may have under any theory of law including, but not limited to, negligence, gross negligence, contract, and/or intentional tort, arising out of or in any way connected to the disclosure of my data. MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND VOLUNTARILY SIGNED THIS RELEASE AND WAIVER OF LIABILITY.

Please print:

Account Number: _____

Account Name: _____

Duke Energy Service Address: _____

Note 1: The Account Name and Customer Signature must both match the customer of record for the account.

Note 2: If this consent/authorization applies to all accounts for customer listed please note as such in the Account Number field above.

I realize that under the rules and regulations of the North Carolina Utilities Commission, the Public Service Commission of South Carolina, the Public Utilities Commission of Ohio, the Florida Public Service Commission, the Indiana Utility Regulatory Commission, and the Kentucky Public Service Commission, I may refuse to allow Duke Energy to release the information set forth above. By my signature, I freely give Duke Energy permission to release the information designated above.

Customer Signature: _____

Date: _____

Please ensure that the account number, service address (city and state) and account name are clearly shown on the form. All of these items are on the customer's monthly bill.