



ADDRESS CHANGE AUTHORIZATION FORM

I (we) authorize bpx energy to change my address as directed below:

Owner Name: _____

Owner's Previous Address: _____

City/State: _____ Zip: _____

Daytime Phone: (____) _____ - _____

TIN or SS # (last 4 digits): _____

8-digit Owner Number: _____

Email: _____

NEW ADDRESS: _____

City/State: _____ Zip: _____

PLEASE scan and email signed form to: bpxownerrelations@bpx.com

Please allow 30 days for address changes.

bpx contact information:

1-800-732-6626

bpxownerrelations@bpx.com

<https://bpxownerrelations.bpx.com>

Owner Signature - REQUIRED

Date

Owner Signature –
Both signatures required if jointly owned

Date