



Southern California Edison
Rosemead, California (U 338-E)

Revised	Cal. PUC Sheet No.	70555-E
Cancelling Original	Cal. PUC Sheet No.	52608-E

Sheet 1

Notice to : (1) Remove Accounts from Aggregator- Managed Programs;
(2) Revoke Agent Authorization; (3) Revoke Authorization to Release Customer Information

Form 14-933

(To be inserted by utility)

Advice 4403-E
Decision _____

Issued by
Carla Peterman
Senior Vice President

(To be inserted by Cal. PUC)

Date Submitted Jan 28, 2021
Effective Feb 27, 2021
Resolution _____

**Notice to: (1) Remove Accounts from Aggregator-Managed Programs;
(2) Revoke Agent Authorization; (3) Revoke Authorization to Release Customer Information**

Short Title: "Aggregator Remove Form"

Customers: If you signed the "Notice to (1) Add Customer Accounts to Aggregator-Managed Programs; (2) Authorize Customers' Agents; (3) Release Customer Information," also known by the short title, "Aggregator Add Form," you may revoke the authorizations you made in that form by signing this one.

I, Customer, _____ (print name of authorized signatory), declare under penalty of perjury under the laws of the State of California that I am authorized to execute this document on behalf of the Customer of Record listed at the bottom of this form and that I have authority to financially bind the Customer of Record. I hereby revoke my authorization to release information to the below-designated Agent (Aggregator) that I previously authorized to act on my behalf. I hereby release, hold harmless, and indemnify SCE from any liability, claims, demands, causes of action, damages, or expenses resulting from: (1) any negligent conduct relating to this revocation, (2) from any refusal to release information to the above-designated Agent (Aggregator) pursuant to this revocation; (3) for any conduct by my previously designated agent in connection with this revocation. This revocation hereby removes my customer accounts from the Aggregator program(s) in which I am currently enrolled.

Customer

Name of Customer Record: _____
Name of Authorized Representative: _____
Title of Authorized Representative: _____
Signature of Authorized Representative: _____
Mailing Address (street, city, state, zip): _____
Phone Number: _____
Email Address: _____
Executed this _____ day of _____ (month, year) at _____ (city and state where executed)

Aggregator [The information below must reflect what is included in the Aggregator Add Form]

Aggregator Name: _____
Name of Authorized Representative: _____
Title of Authorized Representative: _____
Mailing Address (street, city, state, zip): _____
Phone Number: _____
Email Address: _____

ACCOUNTS INCLUDED IN THIS REVOCATION OF AUTHORIZATION

SCE Service Account Number	Service Account Address (street, city, state, zip)

(T)
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(T)

Please submit a signed copy of this form electronically through the APX system, or pursuant to guidelines from SCE. If you have questions, please contact the SCE Demand Response Help Desk at 866-334-7827 or via email at drp@sce.com.

Upon submission of this executed form and verification by SCE that it is true and correct, SCE will remove the above account(s) from the Aggregator programs effective at the end of the current calendar month.