



Account Authorization Form

CUSIP # 451107 10 6

Is this account for a current shareholder? **YES** **NO**

1-800-565-7890 or outside the U.S. 1-651-450-4064

If NO, please begin by completing Section 1.

You may enroll online @ www.shareowneronline.com

If YES, please do NOT complete Section 1 below. Instead complete the appropriate Section(s) and print your account number:

1. Account Registration Complete only **one** section. Print clearly in CAPITAL LETTERS.

INDIVIDUAL OR JOINT ACCOUNT — Owner's Name

Owner's Social Security Number (used for tax reporting)

Owner's Date of Birth

Month

Day

Year

Joint Owner's Name The account will be registered "Joint Tenants with Rights of Survivorship" unless you check one of the following:

Tenants in common

Tenants by entirety

Community property

Joint Owner's Social Security Number

Joint Owner's Date of Birth

Month

Day

Year

FOR TRANSFER ON DEATH REGISTRATION (TOD) ONLY — Beneficiary name

GIFT TRANSFER TO A MINOR

For New Jersey residents only — please specify one:

Uniform Transfer to Minors Act (UTMA)

Uniform Gift to Minors Act (UGMA)

Custodian's Name

Minor's Name

Minor's Social Security Number (required)

Minor's Date of Birth

Month

Day

Year

Custodian/Minor State

TRUST — Trustee: Individual or Organization Name

and Co-trustee's Name, if applicable

Name of Trust

For the Benefit of

Trust Taxpayer Identification Number

Date of Trust

Month

Day

Year

Situs State

ORGANIZATION OR BUSINESS ENTITY

Check one:

Corporation

Partnership

Name of Entity

Taxpayer Identification Number

6.

Bank Authorization Agreement You may also complete this section online by going to www.shareowneronline.com.

DIRECT DEPOSIT OF DIVIDENDS

I (We) hereby authorize to have my (our) dividends that are **not** reinvested automatically deposited into my (our) bank account. (Please complete the Bank Account Information section below.) If this option is **not** selected, your dividend check will be mailed to your address of record.

Wells Fargo Shareowner Services (WFSS) is authorized to deposit my dividend payment by electronic funds transfer in the **United States financial institution** account indicated below. This will be effective for all companies that offer Direct Deposit, for which I am a registered shareowner and WFSS acts as Paying Agent. WFSS is authorized to initiate corrections to any amount transferred in error, and any claim against WFSS or the financial institution involved is waived with respect to the operation of this service. This authorization will remain in effect until WFSS receives notice to terminate or revise it. WFSS and the financial institution reserve the right to terminate this service at any time. It is the shareowner's responsibility to notify WFSS of changes in financial institution information. **Please note that all persons whose names appear on the shareholder account MUST sign in Section 7.**

AUTOMATIC ADDITIONAL INVESTMENT

FOR CURRENT SHAREHOLDERS: I (We) hereby choose to make additional investments in IDACORP, Inc. Common Stock by authorizing automatic monthly deductions of \$_____ (minimum of \$10.00/monthly maximum of \$20,000.00) from my (our) bank account. (Please complete the Bank Account Information section below.)

FOR NEW INVESTORS: I (We) hereby choose to initiate my (our) investment in IDACORP, Inc. Common Stock by authorizing automatic monthly deductions of \$_____ (minimum of \$10.00/monthly maximum of \$20,000.00) from my (our) bank account. (Please complete the Bank Account Information section below.) I have enclosed my check for at least \$10.00 to cover the first optional cash investment plus the enrollment fee of \$10.00 made payable to Shareowner Services.

Upon receipt of this form, properly completed, the Administrator will contact your bank to deduct the amount indicated from your bank account four business days prior to the next investment period. The Administrator will invest in IDACORP, Inc. Common Stock beginning on the next Investment Date after your account is debited. Such deductions and investments will continue monthly until you notify the Administrator to change or discontinue them. Should your bank account contain uncollected funds to cover the authorized deduction, no deduction or investment will occur. In such event, you will be charged a fee by Wells Fargo Bank, N.A.

I (We) hereby authorize the Administrator and the bank or financial institution indicated below to deduct from my (our) bank account and apply amounts so deducted to the purchase of IDACORP, Inc. Common Stock under the account designated. The authority remains in effect until I (we) cancel.

Automatic Cash Withdrawal and Investment and/or Direct Deposit of Dividends (ACH)

To have your cash investment automatically withdrawn from your checking or savings account each month and/or to have your dividends directly deposited to your checking or savings account, provide the information requested below.

Diagram of Sample Bank Check

Your Name 123 Your Street AnyTown, ST 12345-9999	Date _____ 1001	
Pay to the Order of _____	***VOID*** \$ <input style="width: 50px;" type="text"/> Dollars	
Your Bank's Name 123 Your Bank's Street AnyTown, ST 12345-9999		
1:0910000191:	123456789123	1001
Bank ABA/Routing Number	Bank Account Number	Check Number

- Please discontinue my (our) automatic monthly investments. (Remember to have all owners sign the form.)
- I would like to change the amount withdrawn from my (our) bank account each month. (Fill out the Bank Authorization Agreement portion of this section and have all owners sign the form.)

Your Bank Account Information

Checking Account —
Enclose a voided check for verification

Savings Account —
Enclose a deposit slip for verification

Bank or Financial Institution ABA / Routing Number*
Number ALWAYS begins with 0, 1, 2 or 3

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Bank or Financial Institution Account Number

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Name of Bank or Financial Institution

*Please contact your bank or financial institution to verify your ABA/Routing Number. Electronic withdrawals & deposits can only be made from or to banks or financial institutions operating in the United States. All withdrawals must be made in U.S. funds.

PLEASE DO NOT DETACH.

7. Account Authorization Signature (required) IMPORTANT: ALL JOINT OWNERS MUST SIGN.

By completing and signing this form, I (we) certify that I (we) have received and read the IDACORP, Inc. Plan Brochure/Prospectus and hereby request that, for new shareholders, the above account be enrolled in the Plan, or, for current shareholders, the above account be modified to reflect all the elections made above. I (We) understand that participation is subject to the terms and conditions of the Plan as set forth in the brochure/prospectus and that enrollment may be discontinued at any time by automated service or by written notice to Wells Fargo Bank, N.A. I (We) further understand that all dividends paid on the shares registered in my (our) name and held in my (our) Plan account will be reinvested or paid in cash as selected above. I (We) hereby appoint Wells Fargo Bank, N.A. as agent for applying dividends, if applicable, and any investments I (we) may make to the purchase of shares under the Plan.

For new shareholders: Under penalties of perjury, I (we) certify that: The number shown in Section 1 of this form is the correct Social Security Number or Tax ID Number and I (we) am (are) not subject to backup withholding, either because (1) I (we) have not been notified by the Internal Revenue Service (IRS) that I (we) am (are) subject to backup withholding as a result of failure to report all interest or dividends, or (2) the IRS has notified me that I (we) am (are) no longer subject to backup withholding.

Check this box if you have been notified by the IRS that you are subject to backup withholding because of underreporting of interest or dividends on your tax returns.

MY (OUR) SIGNATURE(S) BELOW INDICATE(S) I (WE) HAVE READ THE IDACORP, INC. PLAN BROCHURE/PROSPECTUS AND AGREE TO THE TERMS THEREIN AND HEREIN.

Signature of Owner

Date (month, day, year)

Signature of Joint Owner (if applicable)

Date (month, day, year)

Signature of Second Joint Owner (if applicable)

Date (month, day, year)

Mail completed form to:
Wells Fargo Shareowner Services
P.O. Box 64856
St. Paul, MN 55164-0856

