

Change of Ownership / Owner Authorization for Alternate Electric Service Payee

1. Disconnect Type:

Disconnect Only Owner Change Over Landlord Change Over Alternate Electric Service Payee

2. Current Account Holder/Service Location:

I request the transfer of electric service to the person in Section 2 on the date indicated. I understand that the action requested on this form may require up to 72 hours to complete. I understand that I will remain financially liable for all electric consumption and charges until service is actually terminated or transferred.

Applicant Information:

Applicant Name: _____

Account Number: _____

Service Location Address: _____

Phone Number: _____

City, State, Zip: _____

Meter Number: _____

Second Applicant Information: (if needed for a joint account)

Applicant Name: _____

Phone Number: _____

3. New Account Holder:

I request the transfer of electric service from the person indicated in Section 1 to me on the effective date indicated in Section 1. I understand that it may take up to 72 hours to complete this action. When service is transferred, I will accept financial liability for all electric consumption and charges. I understand that in order to transfer service, I will be required to complete the Jackson Electric Cooperative application for service, membership application, provide payment of deposit, membership fee and service charge, produce a State Issued Driver's License or State Issued Photo ID and Social Security Card*, in addition to property ownership documentation (Warranty Deed/Rental Agreement).

Deposits are required for all Electric accounts unless a satisfactory credit rating is obtained through a consumer reporting agency, as defined by the Federal Trade Commission.

New Account Holder Information:

Name: _____ Signature: _____

Driver's License #: _____ Phone Number: _____ Date: _____

Please forward any outstanding bill or refund to:

New Address: _____ City, State, Zip: _____

Signature: _____ Date: _____

Cooperative Use:

New Customer Electric Deposit: \$ _____ Membership Fee: \$ _____ Service Charge: \$ _____
(2x location average)

Is property new or existing? Service District: Edna Bay City

Service Location: _____ Highest kWh (last active 12 months)? _____ Current rate: _____

Employee Initials: _____ Date: _____

Additional Notes: _____
