

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

Applicant Name: _____ Account & Meter Number: _____ Location: _____
 Current Service Address: _____ City, State, Zip: _____
 Phone Number: _____ Effective Date: _____

Second Applicant (if needed for a joint account)

Applicant Name: _____ Account & Meter Number: _____ Location: _____
 Current Service Address: _____ City, State, Zip: _____
 Phone Number: _____ Effective Date: _____

Please forward any outstanding bill or refund to:

New Address: _____ City, State, Zip: _____
 Signature: _____ Date: _____

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.

Cooperative Use:

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

New Account Holder Information:

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

Cooperative Use:

Is property new or existing? _____
Highest kWh (last active 12 months)? _____ *Current rate:* _____
Service District: ___Edna___ Bay City
Employee Initials: _____ *Date:* _____