



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.

Name:	Account & Meter Number:	Location:
Current Service Address:	City, State, Zip:	
Contact 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:	DL Number:
Contact 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: _____