



CAPITAL CREDITS CLAIM FORM
ACTIVE ACCOUNT - ORGANIZATION

REMC Customer Number: _____

Name(s) per REMC Records: _____
(Name of Organization or Business Per REMC Records)

Service Location: _____
Location Number Address City County Years of Service
(Please use the back of this page for any additional service locations)

Current Contact Information:

Address City State Zip

Home Phone Cell Phone Email Address

I hereby certify and declare that:

- 1. I am attesting to the fact that I am the agent representing the former organization member of Jackson County Rural Electric Membership Corporation...
2. I understand that the refund will be reduced by any outstanding sums owed to Jackson County REMC.
3. I will be responsible for properly distributing the capital credit refund to any parties who may be entitled to a portion of the proceeds.
4. I agree to indemnify, defend, and hold the Jackson County Rural Electric Membership Corporation harmless from and against any subsequent claims...
5. I understand that this form will be disclosed to any individual who makes any subsequent claim or demand upon the capital credits being claimed hereunder.

Organization Printed Full Name (Legal Name of Business or Organization) Federal ID Number (Required)

Claimant Signature (Agent Representing the Business or Organization) Social Security Number (Required if Check Payable to Agent)

Claimant Printed Full Name (Agent Representing the Business or Organization) Date

Check Payable To: [] Business or Organization Name
[] Agent Name Representing the Business or Organization - (Please provide proof of ownership or an affidavit or board resolution authorizing you as agent to receive such payments.)

STATE OF _____)
) SS:
COUNTY OF _____)

Before me, a Notary Public, in and for said County and State, personally appeared _____ and acknowledged the execution of the forgoing "Capital Credits Claim Form". He/she is personally known to me or has produced as identification: _____ (Type of photo ID)

WITNESS my hand and Notarial Seal this ___ day of _____, 20__.

My Commission Expires: _____

Signature Notary Public

My County of Residence is: _____

Printed

FOR OFFICE USE ONLY: RECEIVED DATE _____ ADDRESS CODE UPDATED _____ COMPLETED DATE _____ EMP. INITIALS _____