



OFFICE USE ONLY	
Member No.: _____	Location No: _____

New Membership and Electric Services Application Form (For Residential Accounts)

N6868 County Road F • Black River Falls, WI 54615 • 715.284.5385 • 800.370.4607 • Fax 715.284.7143

Please complete the entire application below, with your signature(s) on the back, and return to us immediately. In order to protect your identity, each applicant and/or co-applicant's identification will be verified. Please select one of the following options:

- A. Applicant authorizes Jackson Electric Cooperative to obtain an identity verification and security deposit rating report (soft pull Equifax inquiry). If a security deposit is required, the deposit will be automatically applied to your first billing statement. Jackson Electric may agree to waive any deposit decision if you enroll your account in autopay or Prepaid Billing.
- B. Applicant declines OPTION A. Applicant agrees to enroll in autopay for a minimum of one year. Should the account become delinquent or have two or more NSF returns in one calendar year, the account will be removed from autopay, service may be disconnected, and a deposit the greater of \$350 or three-month's average usage will be applied to your next billing statement. A deposit may also be applied if Applicant cancels autopay less than a year from enrollment date. Applicant and co-applicant must submit one form of government-issued photo ID.
- C. Applicant declines OPTION A. Applicant agrees to enroll in Cooperative's Prepaid Billing Program (eligibility criteria may apply). If applicant is not eligible for Prepaid, Option A or B will be required. Applicant and co-applicant must submit one form of government-issued photo ID.

*Any deposit decision may be re-evaluated once the account has three month's of energy usage data available.

If the above membership requirements are not met within 7 days of application submission, service may be disconnected until requirements are met. Reconnect fees will apply. (November 1 – April 15, a \$350 deposit will be applied to the billing statement).

Processing fee: By signing the membership application, Applicant agrees to pay the fee of \$15.00.

Service Address: _____

Billing Address (if different): _____

Effective Date: _____ Primary Residence: Yes No

Own Rent If renting, list Property Owner: _____ Phone #: _____

APPLICANT (Attention: If there is a joint applicant, please complete both sections below)	
FULL NAME:	PREVIOUS NAME (if applicable):
SOCIAL SECURITY #:	DATE OF BIRTH (required):
DRIVER'S LICENSE #:	PHONE NUMBER:
CELL NUMBER:	WORK NUMBER:
EMAIL ADDRESS:	EMPLOYER:
If there is a joint applicant or spouse, please complete the information below. If a joint applicant is not listed, we will not be able to discuss the account with anyone except the primary applicant listed.	
CO-APPLICANT/SPOUSE	
FULL NAME:	PREVIOUS NAME (if applicable):
SOCIAL SECURITY #:	DATE OF BIRTH (required):
DRIVER'S LICENSE #:	PHONE NUMBER:
CELL NUMBER:	WORK NUMBER:
EMAIL ADDRESS:	EMPLOYER:
ACCOUNT SECURITY (USED TO VERIFY IDENTITY ON THE PHONE OR ONLINE):	
SECURITY QUESTION:	ANSWER:

The undersigned (hereinafter called the "Applicant") hereby applies for membership in the Jackson Electric Cooperative (hereinafter called the "Cooperative"). In consideration of the acceptance of this application, the Applicant(s) does further agree with the Cooperative as follows:

1. The Applicant will purchase from the Cooperative all electric energy purchased for use on the Applicant's premise(s) and shall pay therefore, in accordance with, the rate schedule applicable to the class of service used. Production or use of electric energy on such premise(s), regardless of source thereof, by means of facilities which shall be interconnected with Cooperative facilities, shall be subject to appropriate regulations as shall be fixed from time to time by the Cooperative.
2. The Applicant shall grant the Cooperative the right to enter their property for the purpose of installing and maintaining its facilities and the right to cut or trim any trees that might interfere with said construction and operation. Use of an environmentally friendly treatment for brush control will be limited to the right-of-way.
3. The Cooperative will endeavor to furnish continuous service but will not guarantee uninterrupted service.
4. An application for membership of any person who is legally married shall automatically be deemed and become an application for membership by both spouses as joint members without further action of either spouse unless at the time application for membership either spouse otherwise directs JEC in writing. The subsequent legal marriage of any existing member shall automatically be deemed and become a joint membership unless otherwise directed in writing by either spouse. Immediate family members may also apply for joint membership. Joint memberships shall be limited to two immediate family members.
5. The Applicant agrees to comply with and be bound by the Articles of Incorporation, the Bylaws of the Cooperative, and such policies, rules, and regulations as may from time to time be adopted by the Board of Directors.
6. By signing this application, the Applicant gives the Cooperative permission to verify Applicant's identity and agrees to one of the credit check options for purposes of deposit requirements.
7. By signing this application, Applicant is giving express written consent to call the Applicant's listed phone number(s) for Cooperative business purposes. This may include autodialed and prerecorded message calls.
8. By signing this application, Applicant is giving express written consent to provide electronic notification to the Applicant for Cooperative business purposes.
9. The Applicant assumes neither personal liability nor responsibility for any of the debts or liabilities of the Cooperative, and it is expressly understood that under the law, his private property is exempt from execution for any such debts or liabilities.
10. Residential service only: Whenever there is a person in your household whose health or safety may be threatened by an interruption in service because of infirmities of aging, developmental or mental disabilities, the use of life support systems, or like infirmities incurred at any age, or the frailties associated with being very young, please provide the Cooperative with all the details in writing immediately from a licensed physician. The member is responsible for providing an updated statement to the Cooperative annually. The Cooperative will endeavor to provide continuous service but will not guarantee uninterrupted service. The Cooperative is not legally liable for damages directly or consequential, resulting from such service interruption or failure.
11. In making this application for credit, you warrant that the information contained herein is true and correct and authorize the Cooperative to investigate your credit record. You believe you are financially able to meet any commitments you make, and you agree to pay our charges according to our terms. All charges are due and payable the 24th of the month following the date of the invoice unless otherwise specified. A late fee of \$25 or finance charge of 1.5%, the greater of which, will be charged on all past due invoices, with the exception of prepaid billing accounts. Any past due accounts will be forwarded to a collections agency.
12. As security for any amounts for which Applicant may become indebted to Cooperative for the services to be provided hereunder, the Applicant hereby conveys, grants and pledges to Cooperative a first priority security interest in all of Applicant's right, title and interest in any patronage capital allocated to Applicant on the books and records of Cooperative. Cooperative shall be entitled to exercise its rights under the security interest herein conveyed as provided by the Bylaws and by such policies, rules, and regulations as may from time to time be adopted by the Cooperative. Applicant hereby authorizes Cooperative to file such financing statements or other documentation as may be necessary to perfect this security interest, and Applicant shall cooperate in executing such documents as may be necessary for Cooperative to enforce this security interest.

The acceptance of this application by the Cooperative shall constitute an agreement between the Applicant and the Cooperative. The contract for electric service shall remain in force until cancelled by withdrawal of the Applicant from membership in the Cooperative.

If a joint membership, each Applicant must sign below.

Signature of Applicant	Date
Signature of Co-Applicant (if applicable)	Date

Jackson Electric Cooperative Employee

Jackson Electric Cooperative is an equal opportunity provider and employer.