



<b>OFFICE USE ONLY</b>	
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. Please allow up to five (5) days to process your application. 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 agrees to allow Jackson Electric Cooperative to perform an identity verification and credit check to determine whether a security deposit is required. A \$350 security deposit may be required.
- B. Applicant declines OPTION A and agrees to pay the \$350 security deposit. (Deposit is returned as a credit after 12 consecutive payments without disconnection for non-pay.)
- C. Applicant declines OPTION A. Applicant agrees to submit a credit reference letter of good standing from Applicant's previous electric utility to waive the security deposit.
- D. Applicant declines OPTION A. Applicant agrees to enroll in autopay to waive the security deposit.

By declining OPTION A, the Applicant understands that if the account is disconnected for non-pay, a security deposit will be required to be reconnected along with the past due payment and any other fees. Applicant and co-applicant must submit one form of government-issued photo ID to Jackson Electric Cooperative to verify identity.

**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

<b>APPLICANT</b>			
FULL NAME:			
PREVIOUS NAME (if applicable):			
SOCIAL SECURITY #:		DATE OF BIRTH (required):	DRIVER'S LICENSE #:
PHONE NUMBER:		CELL NUMBER:	WORK NUMBER:
EMAIL ADDRESS:			
EMPLOYER:			
<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	Property Owner:	PHONE #:
If there is a joint applicant or spouse, please complete the information below.			
<b>CO-APPLICANT/SPOUSE</b>			
NAME:			
PREVIOUS NAME (if applicable):			
SOCIAL SECURITY #:		DATE OF BIRTH (required):	DRIVER'S LICENSE #:
PHONE NUMBER:		CELL NUMBER:	WORK NUMBER:
EMAIL ADDRESS:			
EMPLOYER:			
<b>ACCOUNT SECURITY (USED TO VERIFY IDENTITY ON THE PHONE OR ONLINE):</b>			
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. An application for membership of any person who is legally married shall automatically be recorded in joint names of the Applicant and his or her spouse, if any, unless designated by the Applicant in writing. Immediate family members, other than spouses, may also apply in accordance with Jackson Electric Cooperative's Bylaws.
4. 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.
5. 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. Members who do not meet the Cooperative credit requirements are required to pay a deposit.
6. 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.
7. By signing this application, Applicant is giving express written consent to provide electronic notification to the Applicant for Cooperative business purposes.
8. 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.
9. 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.
10. 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. Any past due accounts will be forwarded to a collections agency.
11. 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.

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

\_\_\_\_\_  
Jackson Electric Cooperative Employee