



**JACKSON ELECTRIC COOPERATIVE**

Your Touchstone Energy® Cooperative 

<b>OFFICE USE ONLY</b>	
Member No.: _____	Location No: _____

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

**N6868 County Road F, PO Box 546 • Black River Falls, WI 54615 • 715.284.5385 • 800.370.4607 • Fax 715.284.7143**

### Welcome to Jackson Electric Cooperative

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 must submit one form of government issued photo identification, such as a driver's license, passport, or military ID. If you do not have a government-issued photo ID, you may submit two forms of secondary identification. Acceptable secondary identification documents include the following: a social security card; a utility bill issued within the previous 12 months; a W-2 tax form or tax return; a real estate property tax bill; a residential lease; a picture ID from a university, college, or technical college; a bank statement; a paycheck. This information is used by Jackson Electric for identification purposes and to comply with legal requirements for preventing and detecting identity theft. The information will be kept confidential. If submitting this application by mail or fax, you must provide a photocopy of the identification documents described above, including both the front and back of any photo IDs.

Jackson Electric Cooperative requires the following:

- An identity verification report using our reporting agency for a fee of \$15
- A security deposit of \$250 may be required. This deposit will be credited to your account after 12 months of timely, consecutive payments

Service Address: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Effective Date: \_\_\_\_\_

Primary Residence:  Yes  No

<b>APPLICANT</b>			
FULL NAME:		SOCIAL SECURITY #:	
MAIDEN NAME:		DATE OF BIRTH: (required)	
PHONE NUMBER:	CELL NUMBER:	WORK NUMBER:	
EMAIL ADDRESS:			
EMPLOYER:			
<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	Property Owner:	PHONE #:
<input type="checkbox"/> MARRIED	<input type="checkbox"/> NOT MARRIED	If married, please complete spouse information below.	
<b>CO-APPLICANT/SPOUSE</b>			
NAME:		SOCIAL SECURITY #:	
MAIDEN NAME:		DATE OF BIRTH: (required)	
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. The membership in the Cooperative shall be recorded in joint names of the Applicant and his or her spouse, if any, unless designated by the Applicant in writing.
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 run a credit check 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. 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.
8. 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.
9. 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 1st of the month following the date of the invoice unless otherwise specified. A late fee of \$15 or finance charge of 1.5%, the greater of which, will be charged on all past due invoices.
10. 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.

<b>If a joint membership, each Applicant must sign below.</b>	
_____ Signature of Applicant	_____ Date
_____ Signature of Co-Applicant (if applicable)	_____ Date

Signature(s) must be witnessed at the Cooperative or notarized if sent through the mail.

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

STATE OF WISCONSIN    )  
                                  SS.  
COUNTY OF                    )

Personally came before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above-named \_\_\_\_\_  
\_\_\_\_\_ to me known to be the persons who executed the foregoing instrument and acknowledged the same.

\_\_\_\_\_  
Notary Public,                    County, Wisconsin  
My Commission Expires \_\_\_\_\_

Jackson Electric Cooperative is an equal opportunity provider and employer.