

Account Number or 911 Address: _____

**SERVICE AGREEMENT
JACKSON COUNTY RURAL ELECTRIC MEMBERSHIP CORPORATION
BROWNSTOWN, IN**

The undersigned member or applicant for membership (herein called Applicant) hereby requests electric service at the above service location and agrees to be responsible for all billings accurately rendered for goods and services received. In addition, if not already a member of Jackson County Rural Electric Membership Corporation (hereinafter called Cooperative,) the Applicant hereby applies for membership, the terms and conditions of which are applicable to all service locations.

Applicant agrees:

1. To comply with and be bound by the Articles of Incorporation of the Cooperative, the Bylaws of the Cooperative and any amendments thereto, and such Rules and Regulations and policies as may be adopted from time to time by the Cooperative, which are incorporated into this agreement by reference.
2. That all electric service obtained from the Cooperative will be paid therefore monthly in accordance with approved rates and any line extension contracts in effect.
3. To make payment of a refundable membership fee, in accordance with the Bylaws of the Cooperative, which shall be non-interest bearing and which shall be refunded as a credit against outstanding service billings upon termination of membership; and to make payment of such other fees and deposits incidental to providing electric service as are stipulated in the Rules and Regulations, Policies and approved Tariffs of the Cooperative.
4. It is expressly understood that amounts paid for electric service in excess of the costs of service are furnished by the member as capital and the member shall be credited with capital so furnished as provided in the Bylaws.
5. Applicant, by becoming a member, assumes no personal liability or responsibility for any debts or liabilities of the Cooperative and it is expressly understood that under law a member's private property cannot be attached for any such debts or liabilities.
6. An annual subscription of \$3.00 for the Cooperative monthly newsletter, Watt High Lights, shall be deducted from funds accruing in favor of the member so as to reduce such funds in the same manner as would any other expense of the Cooperative.
7. Provisions of this agreement shall continue in force until Applicant no longer receives electric service from the Cooperative.

Signature:

Organization Name	Date	Authorized Representative – Signature
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____		Authorized Representative – Printed Name
		Authorized Representative – Title

RETURN BY MAIL TO: Jackson County REMC, PO Box K, Brownstown IN 47220
OR, BY FAX TO: (812)358-5719

OFFICE USE ONLY New membership application: Yes No

ID: _____ Verified by: Notary (attached) Employee: _____

(Service Agreement Notarization)

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public, in and for said County and State personally appeared _____, as the _____
(Name) (Title/Office)

of _____ who acknowledged the execution of the
(Organization Name)

foregoing *Service Agreement*. 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____.

Signature Notary Public

Printed

My Commission Expires: _____

My County of Residence: _____