

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.
8. I authorize Jackson County REMC to contact me by automated phone call, text message, or email for the purpose of notifying me regarding outage information, a past due bill and/or pending service disconnection. I understand that this authorization can be revoked by any reasonable means at any time.

Signatures:

Applicant Signature	Date	Spouse Signature (for Joint Membership Application)
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Applicant Name- Printed	Spouse Name- Printed
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Applicant Social Security Number	Spouse Social Security Number
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Home Phone Number	Applicant Mobile Phone Number	Spouse Mobile Phone Number
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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 Type : _____
 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 _____,
who acknowledged the execution of the 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: _____

Customer Number: _____

JACKSON COUNTY RURAL ELECTRIC MEMBERSHIP CORPORATION
Member Notification Authorization Form

I hereby authorize Jackson County Rural Electric Membership Corporation (REMC) to deliver, or cause to be delivered, automated or autodialed prerecorded calls, text messages, emails, and/or any other form of automated written or audible notifications to the cell phone number and/or email address identified below. I understand that such notifications may relay information regarding my REMC account(s).

I understand that I can opt-out from receiving such notifications at any time. I further understand that I am not required to provide consent, directly or indirectly, as a condition of purchasing any property, goods, or services.

I affirm that the information provided below is correct and that I am the responsible party for the telephone and/or email accounts listed. I understand any voice, text, or data costs incurred are my responsibility, and agree to notify REMC immediately in the event that I voluntarily or involuntarily relinquish any of the phone numbers or contact information identified below.

I acknowledge that notifications may or may not be received for a variety of reasons with no guarantee timely notifications will be received. I further acknowledge whether or not notifications are received to hold REMC harmless from any liability for injuries, damages, or costs that might result from failure to receive notifications.

Member Name *(please print)*

Member Signature Date

Cell Phone Number

Email Address

I have chosen to opt-out from receiving such notifications as stated above: _____
(Member Signature)