

(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: _____

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)