



APPLICATION FOR RESIDENTIAL SERVICE

<i>Office use only</i>	
Location #	_____
Account #	_____

Property Address _____ Apt. # _____

 (City) (State) (Zip) **MOVE-IN DATE** _____
 Own... Rent... Contract for Deed... (circle one)

Billing Address if different _____
Previous address: _____

 (City) (State) (Zip)

If Cass County Electric Cooperative is your current power supplier, the **date** we should disconnect service _____

NAME _____ **SPOUSE /ROOMMATE** _____
 (first) (middle) (last) (first) (middle) (last)

Home Phone _____ Home Phone _____

Current Employer _____ Current Employer _____

Work Phone _____ Cell Phone _____ Work Phone _____ Cell Phone _____

Social Security Number _____ Social Security Number _____

Birth Date _____ Birth Date _____

Drivers License # _____ State _____ Drivers License # _____ State _____

E-Mail Address _____ E-Mail Address _____

As a participant in a Federal Utilities financing program, Cass County Electric Cooperative Inc., is required to identify and document as accurately as possible, the racial/ ethnic data on the eligible population in our service area. The information you provide will be used only for FEDERAL GOVERNMENT REPORTING PURPOSES and your response is optional.

- Hispanic or Latino
 Not Hispanic or Latino
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Black or African American
 Asian
 White

Want \$10? Sign up for AutoPay!

If you sign up for Cass County Electric's Automatic Payment Plan, you can pay your electric bill without ever writing a check! Under this plan, you will receive a monthly bill statement for your records. Then, on the due date (approximately 10 days after you receive your bill), Cass County Electric will automatically deduct from your checking account the total amount due. This plan enables you to save time and money by avoiding the hassles of traditional bill payment. Also, by signing up for the Automatic Payment Plan, you will receive a \$10 credit.

If you want to sign up for the Automatic Payment Plan, please fill out the following information about your checking account. IN ADDITION, PLEASE ATTACH A CANCELED OR VOIDED CHECK. The plan will take effect beginning with your first billing statement.

Financial Institution Name: _____ Address: _____

Routing Number: _____ Account Number: _____

Name(s) of all Bank Account Holders _____

Terms and Conditions
 I authorize Cass County Electric Cooperative, Inc. (hereinafter called the "Corporation") and my bank to debit my account identified above for all sums that Corporation may request the bank to charge. I agree that neither the Corporation nor the bank nor any other bank nor any clearinghouse shall have any responsibility for the correctness of any charge, and that any disputes involving the frequency or amount of the charge shall be handled by me directly with the Corporation. Should there be any amounts withdrawn from my account by the Corporation which is not due and owing to the Corporation, the Corporation's sole obligation shall be to restore the amounts, if any, wrongfully charged by the Corporation against my account. Under no circumstance shall the Corporation or any bank be responsible for any consequential or special damages resulting from any such wrongful withdrawal from my account, including without limitation, any claim for wrongful dishonor of other obligations drawn on my account. This authority is to remain in full force and effect until after you have received written notification from me of its termination.

Signature(s) of Account Holder(s) _____

A security deposit will be required of all service applicants residing in rental properties and mobile homes. The deposit required for apartments is \$100. The deposit required for all other rental properties and mobile homes will be based on the estimated two month average use as determined by the cooperative. The deposit is due immediately to receive service. The deposit will be returned to the applicant upon receipt of a satisfactory nine-month credit reference from your current power supplier or after 12 months of continuous good credit with the cooperative.

The undersigned (hereinafter called the "Applicant") hereby applies for electric service from Cass County Electric Cooperative, Inc. (hereinafter called the "Corporation") and in consideration of the acceptance of this application, agrees with the terms and conditions found on the reverse side of this application:

 (Applicant's Signature) (Date)