



Application for Service

Applicant Information (all information is required):

Last Name: _____
 First Name: _____ MI _____
 Driver's License # _____
 Social Security # _____
 Date of Birth _____
 Email Address: _____

Spouse or Co-Applicant Information:

Last Name: _____
 First Name: _____ MI _____
 Driver's License # _____
 Social Security # _____
 Date of Birth _____

Address of service _____
 City _____ State _____ Zip _____ Telephone _____
 Mailing address (if different) _____
 City _____ State _____ Zip _____ Cell phone _____

Are you currently receiving electric service from Oconto Electric Cooperative? Yes No
 Have you ever received service from Oconto Electric Cooperative? Yes No
 Will you own rent? Landlord name and telephone _____

A security deposit of \$250 will be billed to you on your first bill, unless you select one of the following two options:

- Credit check through a credit reporting service. If the credit report is not acceptable, you will be charged the security deposit. (Social security number is required for this option.)
- Credit reference from a previous utility.

The undersigned hereby applies for membership and electric service in Oconto Electric Cooperative (OEC), and agrees to the following terms and conditions:

1. The Applicant will comply with, and be bound by the provisions of the Articles of Incorporation and Bylaws of OEC, and such rules and regulations as may be adopted by the Board of Directors
2. The Applicant will purchase from OEC all electric energy purchased for use on the premise described below, except for that generated by his own equipment, and will pay for that electricity monthly or as otherwise scheduled. Rates are determined in accordance with the policies of OEC.
3. The Applicant hereby consents to entry upon the Applicant's land by OEC to construct, reconstruct, rephase, operate, repair, maintain, relocate, thereon and under the surface thereof all appropriate poles, cable, wire and other attachments, equipment, and accessories necessary and appropriate for the distribution of electric energy to the Applicant's premise. All lines, meters, and property entrances must be accessible to OEC.
4. OEC reserves the right to terminate electric service if, in the opinion of OEC, the condition of the member's wiring facilities are hazardous.
5. If I choose at any time not to have my service connected I understand that I may be billed a facility charge each month to offset the cost of OEC keeping the idle service in good condition. If I choose not to pay the monthly facility charge, OEC may remove the service to my property.

This Application for Service must be completely filled out, signed and returned within 5 days of receipt or you may be subject to disconnection of your electric service.

Signature of Applicant

Signature of Co-Applicant

Date

For OEC use only	ACCOUNT # _____	CAPITAL CREDIT # _____	RATE _____
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Over for information on OEC's Automatic Payment Plan.

Automatic Payment Plan

If you want payments taken directly from your checking account, complete the form below and return it with a voided check. Then, just sit back and relax. You will still receive your regular statement from Oconto Electric, which will show your energy usage and the amount due – but you will not need to do anything. Your payment will be made for you, automatically, on the 3rd of each month. Your proof of payment will appear on your next bank statement.

To have the payment automatically charged to a major credit card each month, simply complete the form below. Be sure to include the credit card number and expiration date. Everything works the same as explained above except the amount will be charged to your credit card.

AUTHORIZATION FOR AUTOMATIC PAYMENT FROM CHECKING ACCOUNT

Bank Name _____ Bank Address _____

Bank Account Number* _____ Checking _____

Signature _____ Date _____

*Please attach a check marked "VOID"

AUTHORIZATION FOR AUTOMATIC PAYMENT FROM CREDIT CARD

MasterCard VISA Discover

Card Number _____ Exp Date _____

I authorize Oconto Electric Cooperative to draw monthly bank drafts on the above shown checking/savings account or to charge my credit card for the payment of my monthly energy bill. This authorization will remain in effect until revoked by above named party, financial institution, or Oconto Electric Cooperative. I understand that I may cancel the Automatic Payment Plan by notifying Oconto Electric Cooperative in writing.

Signature _____ Date _____

Return this application form within 5 days to:

Oconto Electric Cooperative
PO Box 168
Oconto Falls WI 54154

Questions? Call 800-472-8410 between 7:30 AM and 4:00 PM Monday through Friday or send an email by going to www.ocontoelectric.com and click on our logo that says *Click here to email us.*