

Arab Electric Cooperative



Customer Information – Application for New Service

Personal Information

Full Name: _____
Last First M.I.

New Address: _____
Street Address Apartment/Unit #

_____ **Residence** **Shop/ Garage** **Barn**

_____ *City State ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

Previous address: _____
Street Address City State Zip Code

Mailing address: _____
Street Address City State Zip Code

Social Security Number : _____ Date of Birth: _____

Drivers License: State() Number: _____ Employer: _____

Joint Applicant

Only to be filled out if adding person to account

Name: _____ Date of Birth: _____

Social Security Number: _____ Phone: () _____

Drivers License: State() No. _____ Employer: _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Phone: () _____

*** Schedule Date to Turn on Service at Location:**

_____/_____/_____
 MM DD Year

*NOTICE: Service cannot be left on at both locations for longer than 10 days without posting an additional deposit.

Member Signature: _____

Joint Applicant Signature: _____

PICTURE ID IS REQUIRED Please present with completed application to the customer service representative.

*Enroll in E-Statements: YES NO Email: _____

*Enroll in Bank Draft: YES NO *Please present a voided check if enrolling in bank draft

Routing Number: _____ Bank Account Number: _____