

MID-CAROLINA ELECTRIC COOPERATIVE, INC.

PROVIDED SERVICES AND APPLICABLE CHARGES

<u>ELECTRICAL SERVICES</u>		<u>CHARGE</u>
Membership Fee	\$	15.00
No or Bad Credit Deposit (Minimum)	\$	500.00
Final notice processed and mailed	\$	4.00
Trip or Reconnect non-payment by Meter Technician (regular/after hours)	\$	35.00/50.00
Trip or Reconnect non-payment by Service/Line Crew (regular/after hours) ...	\$	75.00/125.00
Return check charge	\$	25.00
Connect new service after regular hours (existing meter connection).....	\$	50.00
 Residential Surge Guard installation	\$	250.00
Commercial Surge Guard installation	\$	300.00
Residential Energy Audit	\$	25.00
Commercial Energy Audit	\$	50.00
Additional required facilities	\$	Cost Difference of Standard Installation
Manual Switch Installation for outdoor lighting.....	\$	200.00
Change out type of outdoor lighting (at consumer request)	\$	200.00
Relocate outdoor lighting pole (30' typical)	\$	Actual Costs
Upgrade facilities due to change in character of service.....	\$	Actual Costs
 <u>METERING FEE</u>		
Meter Test Fee – (single & poly phase)	\$	25.00
Meter Relocate Fee	\$	Actual Costs
Meter Tampering Fee	\$	150.00
 <u>SERVICE INSTALLATION</u>		
Account set-up fee.....	\$	10.00
Pay As You Go set-up fee	\$	35.00
Connect service after regular hours by service crew	\$	75.00
Primary underground installation	\$	17.50/ft.
(single phase, not in underground subdivision, new construction only)		
Secondary underground installation (not in underground subdivision)	\$	300.00 plus 6.50/ft.
Replace existing overhead service with underground service	\$	300.00 plus 6.50/ft.
Replace existing overhead service and fiber with underground.....	\$	500.00 plus 8.00/ft.
Relocate existing underground service	\$	300.00 plus 6.50/ft.
 <u>GENERAL</u>		
House moving assistance (A deposit for estimated cost as well as a signed contract will be required with an advance of a five (5) day notice)	\$	Actual Costs
Unclaimed Capital Credit Account Maintenance	\$	5.00/month

Members of the Cooperative are automatically enrolled in Operation Round Up®. By rounding up electric bills to the next highest dollar, these funds are distributed to approved local charities and needy individuals. Members may opt-out by contacting the Cooperative.

REVISED: 11/21/2023



BANK DRAFT AUTHORIZATION FORM

DIRECTIONS: Please complete this bank draft authorization form and return along with a voided check from your bank.

MCEC ACCOUNT NAME: _____

SERVICE ADDRESS: _____

MCEC ACCOUNT NUMBER: _____

NAME OF BANK: _____

As a convenience to me, and in accordance with the following information, I hereby authorize Mid-Carolina Electric Cooperative to draw drafts against my account for payment of my electric bills. I further authorize the bank to pay these draws from my account. This draft is to remain in force until my intent to withdraw is given in writing to MidCarolina Electric Cooperative and the bank at least 30 days prior to the presentation of a draft or revoked by MidCarolina for two dishonored drafts within six months.

_____ SIGNATURE ACCEPTED BY BANK	_____ CHECKING SAVINGS	_____ DATE
-------------------------------------	---------------------------	---------------

TELEPHONE #: _____ HOME	_____ WORK
----------------------------	---------------

List any additional MCEC account numbers that you want drafted from this bank account.

Your account will be drafted on or after your bill due date.

Note: A special message on your bill will notify you of the effective date your account will be drafted and the amount to be drafted. Please continue to pay your bill until you receive this special message.

***** A VOIDED CHECK MUST ACCOMPANY THIS FORM *****

PLEASE MAIL THIS FORM WITH YOUR VOIDED CHECK TO:

Mid-Carolina Electric Cooperative Member Services
P.O. BOX 669 LEXINGTON, SC 29071-0669



**PO Box 669
Lexington, SC 29071**

Office Hours: 8 a.m. to 5 p.m. Monday - Friday
Telephone: (803) 749-6400 Toll-Free: (888) 813-8000
Easy Pay: (803) 749-6500 or (888) 850-6770
 Visit us online at www.mcecoop.com

2733 1 MB 0.450 YOUR 5 2733
 YOUR NAME C-10
 123 YOUR STREET
 ANYWHERE USA 29999-3845


Account Number: 1245678901

Member: YOUR NAME
 PREVIOUS BALANCE \$0.00
 TOTAL PAYMENTS \$0.00
 BALANCE FORWARD \$0.00
 CURRENT MONTH CHARGES \$15.00

Amount Due
\$15.00
Due Date
07/06/21

Messages from MCEC

- The Summer On-Peak hours are 4-7 pm through October 31st.

Meter Number	Previous Reading	Present Reading	Reading Dates	Energy Usage	On-Peak/Demand
1245678901	0	0	06/08 to 06/08	0	0.0
Number of Days: 0 Monthly Adjustment Factor: \$0.00356 kWh \$0.153 kW Average Cost Per Day:					

Service Address: YOUR ADDRESS
Service Description: HOUSE
Location: 128-22-001
Rate Schedule: Residential/Farm Service
Multiplier: 1.0

Explanation of Current Charges

Statement Date 06/16/21

Usage Period 06/08/21 to 06/08/21

Code: NEW ACCOUNT

Membership Applied \$15.00

CURRENT MONTH CHARGES \$15.00

PLEASE READ BACK OF BILL FOR OTHER IMPORTANT INFORMATION

PLEASE DETACH BOTTOM PORTION AND RETURN WITH YOUR PAYMENT



9300062012000015000000150000000000

Statement Date: 06/16/21
Account Name: YOUR NAME
Service Address: 123 YOUR ADDRESS
 ANYWHERE, USA 29999



Account Number: 1245678901

Location: 1914-99-999

Amount Due
\$15.00
Due Date
07/06/21

Any remaining balance after 5:00 PM on the due date may be subject to a \$4.00 late payment charge.

MID-CAROLINA ELECTRIC COOPERATIVE INC
PO BOX 669
LEXINGTON, SC 29071-0669



CHECK THIS BOX TO RECORD CHANGES ON BACK



Account Number	Account Name	Service Location	Statement Date
1245678901	YOUR NAME	HOUSE 123 YOUR ADDRESS	06/16/21

Billing Comparisons	Days	kWh Used	Avg kWh Per Day	On-Peak/Demand Usage	Total Charges
Current Billing Month	0	0	0	0.000	15.00
Previous Billing Month	30	0	0	0.000	0.00
Same Month Last Year	32	0	0	0.000	0.00

TextPower from Mid-Carolina Electric Cooperative is the
quickest way to report your power outage.

To register, text "MCEC" to 85700

Once you have registered, our state-of-the-art outage management system
lets you immediately report outages by texting **"Out"** to **85700**.
You may also report an outage by calling (803) 749-6444 or (888) 813-7000.

COMMENTS

PHONE NUMBER USED TO IDENTIFY YOUR ACCOUNT WHEN REPORTING A POWER OUTAGE

Present Number on File: (123) 456-7890

CORRECT NUMBER: _____

MAILING ADDRESS CORRECTIONS

Street or PO Box _____

City _____ State _____ Zip _____

ACCOUNT NUMBER: 1245678901

ACCOUNT NAME: YOUR NAME



PO Box 669
Lexington, SC 29071

Office Hours: 8 a.m. to 5 p.m. Monday - Friday
Telephone: (803) 749-6400 Toll-Free: (888) 813-8000
Easy Pay: (803) 749-6500 or (888) 850-6770
Visit us online at www.mcecoop.com

4 1348

YOUR NAME
123 YOUR ADDRESS
ANYWHERE USA 29999-8752

Account Number: 1245678901

Member: YOUR NAME
PREVIOUS BALANCE \$45.00
TOTAL PAYMENTS \$45.00CR
BALANCE FORWARD \$0.00
CURRENT MONTH CHARGES \$78.00

Amount Due
\$78.00
Due Date
06/28/21

Messages from MCEC

- The Summer On-Peak hours are 4-7 pm through October 31st.

Meter Number	Previous Reading	Present Reading	Reading Dates	Energy Usage	On-Peak/Demand
33409036	10028	10649	05/01 to 06/01	621	0.832

Number of Days: 31
Monthly Adjustment Factor: \$0.00356 kWh \$0.153 kW
On-Peak Occurred: 05/21/2021 6:00 PM - 7:00 PM
Average Cost Per Day: 2.52

Service Address: YOUR ADDRESS
Lot: 239
Service Description: HOUSE
Location: 914-99-999
Rate Schedule: Residential/Farm Service
Multiplier: 1.0

Explanation of Current Charges

Statement Date 06/08/21
Usage Period 05/01/21 to 06/01/21

Account Charge		\$29.45
Energy Charge	621 kWh@ 0.05506	\$34.19
On-Peak/Demand Charge	0.832 kW@ 12.153	\$10.11
Subdivision Lighting		\$3.85
Operation Round Up		\$0.40
CURRENT MONTH CHARGES		\$78.00

PLEASE READ BACK OF BILL FOR OTHER IMPORTANT INFORMATION

PLEASE DETACH BOTTOM PORTION AND RETURN WITH YOUR PAYMENT



4202102394000078000000780000000000

Statement Date: 06/08/21
Account Name: YOUR NAME
Service Address: 123 YOUR ADDRESS
ANYWHERE USA, 29999-8752



Account Number: 1245678901

Location: 914-99-999

Amount Due
\$78.00
Due Date
06/28/21

Any remaining balance after 5:00 PM on the due date may be subject to a \$4.00 late payment charge.

MID-CAROLINA ELECTRIC COOPERATIVE INC
PO BOX 669
LEXINGTON, SC 29071-0669
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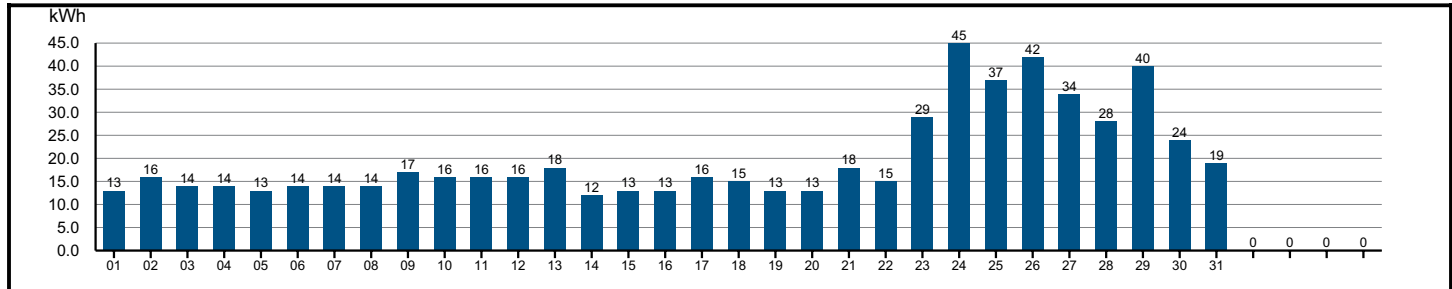
CHECK THIS BOX TO RECORD CHANGES ON BACK



Account Number	Account Name	Service Location	Statement Date
1245678901	YOUR NAME	HOUSE 123 YOUR STREET	06/08/21

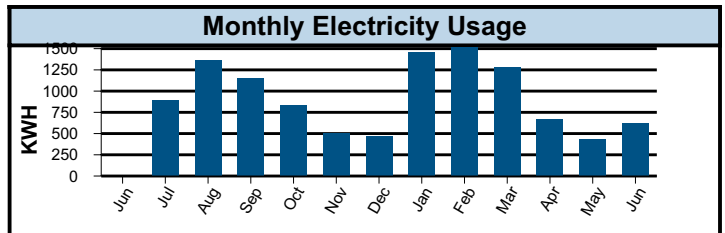
Billing Comparisons	Days	kWh Used	Avg kWh Per Day	On-Peak/Demand Usage	Total Charges
Current Billing Month	31	621	20	0.832	78.00
Previous Billing Month	30	430	14	0.830	65.00
Same Month Last Year	31	435	14	0.900	67.00

Energy Usage (kWh) by Day:



Temperatures

High	79	84	81	88	80	76	73	79	85	81	79	70	72	75	78	82	83	81	83	83	86	85	92	94	91	94	94	94	87	75	77
Low	51	53	66	63	63	58	50	44	51	68	60	50	47	45	47	52	59	64	59	59	57	55	60	64	68	70	67	67	69	58	52



TextPower from Mid-Carolina Electric Cooperative is the quickest way to report your power outage.

To register, text "MCEC" to 85700

Once you have registered, our state-of-the-art outage management system lets you immediately report outages by texting **"Out"** to **85700**. You may also report an outage by calling (803) 749-6444 or (888) 813-7000.

COMMENTS

PHONE NUMBER USED TO IDENTIFY YOUR ACCOUNT WHEN REPORTING A POWER OUTAGE

Present Number on File: (123) 456-7890

CORRECT NUMBER: _____

MAILING ADDRESS CORRECTIONS

Street or PO Box _____

City _____ State _____ Zip _____

ACCOUNT NUMBER: 1245678901

ACCOUNT NAME: YOUR NAME



PO BOX 669
LEXINGTON SC 29071-0669

MEMBER SERVICE CONTACT INFORMATION

PO BOX 669 – Lexington, SC 29071-0669
(803) 749-6400 or (888) 813-8000
Easy Pay (803) 749-6500 or (888) 850-6770
www.mcecoop.com

ACCOUNT NUMBER	RATE DESCRIPTION
1245678901	RESIDENTIAL/FARM SERVICE
DATE	FOR SERVICE AT
03/09/2021	123 YOUR ADDRESS

FINAL NOTICE

334 1 AV 0.398
YOUR NAME
123 YOUR ADDRESS
ANYWHERE USA 29999-8752

5 334
C-1



Your account as previously notified remains past due in the amount of \$253.80, and your electric service will be disconnected unless payment in full is received in our office by 5:00 p.m. on MARCH 17, 2021. A \$4.00 late fee has been added to your account.

You have the right to a hearing before a representative of the Cooperative who is authorized to accept payment and assist with payment arrangements. UPON YOUR REQUEST, a hearing will be scheduled at our office on a regular workday between 8 a.m. and 5 p.m.

YOUR ELECTRIC SERVICE WILL BE SUBJECT TO TERMINATION:

IF THE ACCOUNT IS NOT PAID IN FULL BY 5:00 P.M. MARCH 17, 2021
AND YOU HAVE FAILED, AT A HEARING REQUESTED BY YOU AND SCHEDULED
PRIOR TO 5:00 P.M. ON MARCH 17, 2021, TO SHOW GOOD CAUSE WHY
THE ELECTRIC SERVICE SHOULD NOT BE TERMINATED.

No collections will be made by MCEC personnel at consumer's location.

Pay by phone by calling (803) 749-6500 or 1-888-850-6770.

To reconnect between 8 a.m. and 5 p.m. Monday through Friday (except holidays), add a \$35.00 service charge. All other hours, including weekends and holidays, add a \$50.00 reconnection charge.

(NO RECONNECTIONS BETWEEN 7:00 p.m. AND 8:00 a.m.)

Please detach and return lower portion with your payment

Notice: If amount includes arrangement or returned check, the due date may be different than shown here. Call member services at (803) 749-6400 with your inquiries.

FINAL NOTICE

ACCOUNT NUMBER	TOTAL DUE
1245678901	253.80

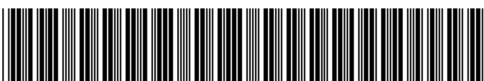
PAYMENT DUE BEFORE 5:00 PM
ON 03/17/2021

9300023043000253800002538000025380

YOUR NAME
123 YOUR ADDRESS
ANYWHERE USA 2999-8752

MID-CAROLINA ELECTRIC COOPERATIVE INC
PO BOX 669
LEXINGTON SC 29071-0669

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PO Box 669
Lexington, SC 29071

Office Hours: 8 a.m. to 5 p.m. Monday - Friday
Telephone: (803) 749-6400 Toll-Free: (888) 813-8000
Easy Pay: (803) 749-6500 or (888) 850-6770
Visit us online at www.mcecoop.com

1300 1 MB 0.450 5 1300
YOUR NAME C-5
123 YOUR ADDRESS
ANYWHERE USA 29999-8752

**Account Number: 1245678901**

Member: YOUR NAME
PREVIOUS BALANCE \$369.00
TOTAL PAYMENTS \$0.00
BALANCE FORWARD \$369.00
CURRENT MONTH CHARGES \$154.00CR

Amount Due
\$215.00
Due Date
07/08/21

Messages from MCEC

- This is your final bill. Please keep MCEC informed of your current address for future Capital Credit Refund distributions.
- Your deposit has been refunded on this bill.

Meter Number	Previous Reading	Present Reading	Reading Dates	Energy Usage	On-Peak/Demand
89087168	90999	91052	05/13 to 05/18	53	1.094
Number of Days: 5 Monthly Adjustment Factor: \$0.00356 kWh \$0.153 kW On-Peak Occurred: 05/13/2021 6:00 PM - 7:00 PM Average Cost Per Day:					

Service Address: YOUR ADDRESS
Lot: 15-A
Service Description: APARTMENT A
Location: 914-99-999
Rate Schedule: Residential/Farm Service
Multiplier: 1.0

Explanation of Current Charges

Statement Date 06/18/21

Usage Period 05/13/21 to 05/18/21

Code: FINAL
Account Charge \$4.75
Energy Charge 53 kWh@ 0.05506 \$2.92
On-Peak/Demand Charge 1.094 kW@ 2.15304 \$2.36
Membership Applied \$15.00CR
Deposit Applied \$150.00CR
Operation Round Up \$0.97

CURRENT MONTH CHARGES \$154.00CR

PLEASE READ BACK OF BILL FOR OTHER IMPORTANT INFORMATION

PLEASE DETACH BOTTOM PORTION AND RETURN WITH YOUR PAYMENT



9300029004000215000000000000036900

Statement Date: 06/18/21
Account Name: YOUR NAME
Service Address: 123 YOUR ADDRESS
ANYWHERE, USA 29999-8752



Account Number: 1245678901

Location: 914-99-999

Amount Due
\$215.00
Due Date
07/08/21

Any remaining balance after 5:00 PM on the due date may be subject to a \$4.00 late payment charge.

MID-CAROLINA ELECTRIC COOPERATIVE INC
PO BOX 669
LEXINGTON, SC 29071-0669

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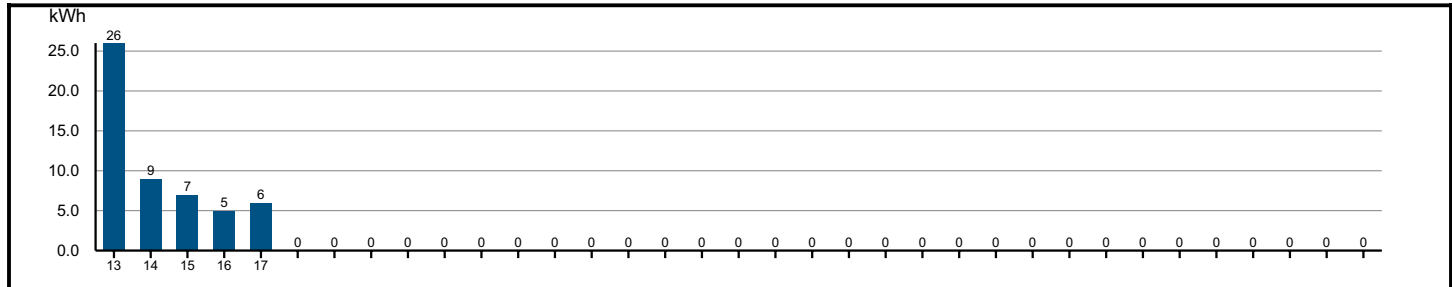
CHECK THIS BOX TO RECORD CHANGES ON BACK



Account Number	Account Name	Service Location	Statement Date
1245678901	YOUR NAME	APARTMENT A 123 YOUR ADDRESS	06/18/21

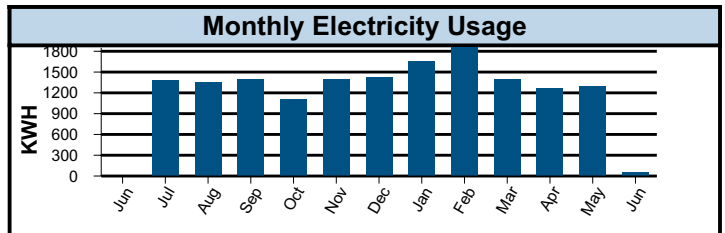
Billing Comparisons	Days	kWh Used	Avg kWh Per Day	On-Peak/Demand Usage	Total Charges
Current Billing Month	5	53	11	1.094	-154.00
Previous Billing Month	30	1,294	43	7.320	185.00
Same Month Last Year	31	1,648	53	8.580	218.00

Energy Usage (kWh) by Day:



Temperatures

High 72 75 78 82 83
Low 47 45 47 52 59



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quickest way to report your power outage.

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Once you have registered, our state-of-the-art outage management system
lets you immediately report outages by texting "Out" to 85700.
You may also report an outage by calling (803) 749-6444 or (888) 813-7000.

COMMENTS

PHONE NUMBER USED TO IDENTIFY YOUR ACCOUNT WHEN REPORTING A POWER OUTAGE

Present Number on File: (123) 46-7890

CORRECT NUMBER: _____

MAILING ADDRESS CORRECTIONS

Street or PO Box _____

City _____ State _____ Zip _____

ACCOUNT NUMBER: 1245678901

ACCOUNT NAME: YOUR NAME



PO Box 669
Lexington, SC 29071-0669

YOUR NAME
123 YOUR STREET
ANYWHERE, USA 29999-8752



RE: Electric Service Account # 1245678901

Our records indicate that your closing bill with Mid-Carolina Electric Cooperative in the amount of \$240.80 has not been paid to date and is past due.

Without receipt of payment within 10 days from the date of this letter, your unpaid and past due account will be sent to the credit bureau and to a collection agency for collection.

Sincerely,

Mid-Carolina Electric Cooperative, Inc.

Detach and return lower part with your payment

06/01/2021

*** PAST DUE ***

-Account # 1245678901	\$240.80

1245678901 # Important Notice

Make check payable to:
Mid-Carolina Electric Cooperative, Inc.
PO Box 669
Lexington SC 29071-0669



ACCOUNT INFORMATION UPDATE
for CIN #: _____

The information on your account will be updated when this form is properly completed and returned to MCEC. If you have any questions regarding the completion of this form, please call Member Services at 749-6400 or toll-free in state at 1-888-813-8000.

☐ _____ Name Change ☐ _____ Spouse Change ☐ _____ Other

Account Name: _____

Requested Name Change: _____

Address: _____

Reason for Change (check which applies): [Legal document supporting name change must be attached. Ex: marriage license, death certificate, divorce decree]

☐ MARRIAGE/addition of Spouse: (must provide Marriage License)

Spouse's full name: _____

Spouse's social security number: _____

Spouse's driver's license #: _____ State: _____

☐ DEATH of Spouse (must provide Death Certificate)

☐ DIVORCE (must provide legal documentation of name change)

☐ OTHER (explanation): _____

Member Signature: _____

Member Social Security #: _____

Member Driver's License #: _____ State: _____

Home Telephone #: _____ Work Telephone #: _____

Member Services Representative: _____

Approved 6/2015

MEMBERSHIP TRANSFER

CIN #: _____

In submitting this form, you are authorizing Mid-Carolina Electric Cooperative to transfer to the person named your membership fee, any deposit paid, all active accounts in your name and all capital credits.

All information is required; both signatures must be notarized if not signed at an MCEC office.

Transfer from the name of: _____

Mailing Address: _____

Social Security #: _____ - _____ - _____ Driver's License #: _____ State: _____

Signature: _____
(If not signed at MCEC office, must be notarized)

Sworn to me this _____ day of _____, _____ or Witnessed by: _____
MCEC Employee

Notary's name _____ Notary's signature _____

Notary Public of South Carolina
My Commission expires _____

Transfer to the name of: _____
(individual or joint)

Mailing Address : _____

New Member Social Security #: _____ - _____ - _____ Driver's License #: _____ State: _____

Telephone #: (Home) _____ (Work) _____

Place of Employment: _____

Reason for Change: _____

Signature: _____
(if not signed at MCEC office, must be notarized):

Sworn to me this _____ day of _____, _____ or Witnessed by: _____
MCEC Employee

Notary's name _____ Notary's signature _____

Notary Public of South Carolina
My Commission expires _____

ACCOUNT AUTHORIZATION FORM

CIN: _____

The Federal Government has created mandatory guidelines that Mid Carolina Electric Cooperative, Inc. (MCEC) must follow to help prevent identity theft. For our member's protection, only authorized members of the account will be able to obtain information. For all inquiries by telephone, Customer Service Representatives will verify and confirm the caller's identity.

*MCEC must have written authorization for the account holder(s) for any person(s) not on the original application to give any information about the account or to make any changes. **In submitting this form you are authorizing Mid Carolina Electric Cooperative to give the person(s) listed on this form limited access to your electric account.***

*** MCEC reserves the right to determine eligibility for all authorizations. ***

I, _____, authorize _____ to act on my behalf, and have limited access to information on my electric account(s). This includes obtaining balance due and billing information, making payment arrangements and inquires about termination due to non payment.

Does the authorized person **reside** at the location of the electric account? ☐ YES ☐ NO

Account Name: _____	Drivers License# _____	State: _____
Address: _____	Social Security # _____	
	Phone # _____	
Photo Copy ID <input type="checkbox"/> YES	Date of Birth _____	

Account Holder Signature: _____ Date: _____

MCEC Employee Signature: _____ Date: _____

Auth User Name: _____	Drivers License# _____	State: _____
Address: _____	Social Security # _____	
	Phone # _____	
Photo Copy ID <input type="checkbox"/> YES	Date of Birth _____	

Authorized User Signature: _____ Date: _____

MCEC Employee Signature: _____ Date: _____

This form must be filled out completely, signed by all parties and ID provided in our office to be valid.

REVOCATION OF ACCOUNT ACCESS AUTHORIZATION

The Federal Government has created mandatory guidelines that Mid Carolina Electric Cooperative, Inc. (MCEC) must follow to help prevent identity theft. You have previously provided to MCEC written authorization from the account holder(s) for another person(s) not on the original membership application to receive information about the account or to make changes to the account.

The processing of the Revocation of Account Authorization requires some time to update in all of MCEC's systems and contractor databases. It may take as long as 30 days to complete. While MCEC intends to cancel the authorization as quickly as possible, the undersigned member(s) acknowledge and understand that account information may be given out to the person authorized on the earlier Account Access Authorization form provided to MCEC up to 30 days after the attached Revocation of Account Access Authorization and all required documentation is received by MCEC.

The undersigned member(s) releases the Cooperative from any and all liability, damages, costs of every kind and nature for damage which may occur as a result of allowing a person authorized on the Account Access Authorization form being changed or revoked to access or change account information during the first 30 days after the member(s) submit the Revocation of Account Access Authorization to MCEC and hereby agrees to hold the Cooperative harmless from any and all such liability.

By signing below, I hereby **CANCEL AND REVOKE** all access to my (our) account previously given to _____.

(A copy of the Account Authorization being revoked or changed must be attached to this form).

Account Name: _____	Driver's License# _____ State: _____
Address: _____	Social Security # _____
	Phone # _____
Photo Copy ID <input type="checkbox"/> Yes	Date of Birth _____
Account Holder Signature: _____	Date: _____
MCEC Employee Signature: _____	Date: _____

Date: _____

ASSIGNMENT OF ALLOCATED BUT UN-RETIRED CAPITAL CREDITS

For valuable consideration, the receipt and sufficiency of which is hereby acknowledged,

_____ (“Assignor”) hereby transfers, conveys, and assigns to _____ (“Assignee”) all of Assignor’s right, title, and interest in and to the allocated but un-retired Capital Credits to which the Assignor may become entitled from Mid-Carolina Electric Cooperative, Inc., Capital Credit Account No. _____. The undersigned Assignor and Assignee acknowledge that their rights to allocated but un-retired Capital Credits are conditioned or contingent and no right to payment exists until all or a part of the Capital Credits reflected in this Account are retired at the discretion of the Board of Directors of Mid-Carolina Electric Cooperative, Inc.

Assignee acknowledges and agrees that it may not transfer allocated but un-retired Capital Credits without the express written permission of Mid-Carolina Electric Cooperative, Inc.

Dated this _____ day of _____, 20____.

Assignor Signature

Assignee Signature

Assignor Printed Name

Assignee Printed Name

Address

Address

Address

Address

CONSENT

The undersigned, Mid-Carolina Electric Cooperative, Inc. consents to the foregoing Assignment regarding Capital Credit Account No. _____.

Dated this _____ day of _____, 20____.

Chief Executive Officer
Mid-Carolina Electric Cooperative, Inc.



Affidavit and Indemnity Agreement

Mid-Carolina Electric Cooperative
Member Owner Capital Credits

Name of former business or organization: _____ the "Business"

CIN#

MSR:

Date:

Full Name(s) of Owner(s) (First, Middle, Last)	Current Address (Please include city, state, zip)	Full Social Security Number	% Percent Ownership
1			%
2			%
3			%
If necessary , use additional space on page 2		Must equal 100%	Total %

Each party above (collectively, the "Undersigned"), being duly sworn, depose and say that:

- Undersigned are the sole equity owner(s) of the Business and such have access to and knowledge of the records of the Business. Undersigned certify that no other party or parties, other than the Undersigned, have an equity interest or claim thereto in the Business.
- Undersigned certify that the Business, through dissolution, termination, or other terminating event, no longer exists as of (the "Termination"), and further certify that the Undersigned are entitled to all rights and interests previously held by the Business.
- Undersigned certify that all creditor claims against the Business have been satisfied and that no other party or parties, other than the Undersigned, have claim or interest in the Member-Owned Capital Credits (the "Credits") held by Mid-Carolina Electric Cooperative, Inc. (the "Cooperative"), for the Business.
- Undersigned have provided to the Cooperative any and all relevant documentation relating to the Termination of the Business and the distribution of any remaining interests thereof, including but not limited to the items listed on Page 2, (collectively, the "Documentation") and the Undersigned certify that the above stated Owner information and the Documentation provided is true, accurate, complete and acknowledged that the Cooperative distributed the Credits of the Business to the Undersigned based upon and in reliance on the Documentation provided and representations made by the Undersigned.
- UNDERSIGNED HEREBY AGREE, JOINTLY AND SEVERALLY, TO INDEMNIFY AND HOLD THE COOPERATIVE HARMLESS FROM AND AGAINST AND REIMBURSE THE COOPERATIVE FOR ANY REPAYMENTS, FINES, CHARGES, LIABILITIES, EXPENSES, FEES AND REASONABLE ATTORNEY'S FEES ACTUALLY INCURRED BY THE COOPERATIVE ARISING OUT OF OR IN RELATION TO ANY DISPUTE OVER THE RIGHTS AND INTERESTS IN THE CREDITS PREVIOUSLY OWNED BY THE BUSINESS.**

Executed this _____ day of _____, 20 ____

Signature 1

Signature 2

Signature 3

Print Name 1

Print Name 2

Print Name 3

Sworn to me for this _____ day of _____, 20 ____

Notary Public for _____

My Commission Expires _____ (SEAL)

STATE OF _____

COUNTY OF _____

INSTRUCTIONS

This form should be filled out completely and accurately by all remaining equity owners of the business. No distributions of Capital Credits shall be made unless:

- All remaining owners, or their heirs and assigns, have read and completed the Affidavit and Indemnity Agreement.
- The Affidavit and Indemnity Agreement has been properly signed and notarized.
- The remaining owners have provided any and all relevant documentation to support their claim to receive the Capital Credits.
- A review of the documentation provided supports the remaining owners claim to the Capital Credits.

REQUIRED DOCUMENTATION

These documents are required along with this signed and notarized Affidavit of Indemnity Agreement.

Corporation

- Certified copy of the Articles of Dissolution filed with the Secretary of State with an attached plan of Dissolution filed with the Secretary of State.
- List of Shareholders

Limited Liability Company (LLC)

- Certified copy of the Articles of Termination
- Certified copy of the Operating Agreement, if available
- List of members

Limited Partnership

- Certified copy of Certificate of Limited Partnership from the Secretary of State
- Written consent of Dissolution of all partners, if available

Partnership

- Copy of the Partnership Agreement, if available
- Decree of Dissolution, if available

Sole Proprietorship

- Only signed and notarized Affidavit and Indemnity Agreement required

ADDITIONAL SPACE FOR OWNER INFORMATION

	Full Name(s) of Owner(s) (First, Middle, Last)	Current Address (Please include city, state, zip)	Full Social Security Number	% Percent Ownership
4				%
5				%
6				%
	Must equal 100% and include percentages from Page 1 TOTAL			%

Signature 4

Signature 5

Signature 6

Print Name 4

Print Name 5

Print Name 6

CHECK REQUEST FOR ESTATE CAPITAL CREDITS

The Estate of _____ (Name of deceased MCEC member)
requests, on this date _____ that all Capital Credits currently in
the account of the deceased member named above, CIN # _____ be paid to the
estate in one payment. Lump sum retirement of capital credits for the estate will be
discounted in accordance with the Cooperative's Service Rules and Regulations (Section
500.506).

Please include copies of the following:

1. Affidavit for Collection . . . Small Estate Proceeding

☐

or

Certified Copy of Order from Probate appointing a Personal Representative

☐

and

2. Certified Copy of Death Certificate

☐

Check to be sent to the following address:

Document Received by _____ (CSR)

Document Reviewed by _____ (CS Coordinator)

Date _____

UNCLAIMED CAPITAL CREDITS CLAIM FORM

I. Person Claiming

Full Name (s) _____

Current Address: _____

Phone Number: _____

II. Original Owner: (May differ from above due to marriage, divorce, etc.)

Full Name _____

Address where electric service was received:

III. Property Claimed:

Customer ID Number: _____

Year (s) service provided: _____

IV. Claim:

The undersigned claimant(s) identified in Section I above, claim a legal or equitable ownership interest in the retired but unpaid capital credits listed in Section III above and agree(s) to hold harmless and indemnify Mid-Carolina Electric Cooperative, Inc. from any other valid claim made to such unclaimed capital credits or from any loss resulting from the payment of this claim.

Claimant Signature

Co-Claimant Signature (if applicable)

SWORN and subscribed to me before

this _____ day of _____ 20, _____

-L.S.

Notary Public for _____

My Commission Expires _____



MEMBER SERVICES DEPARTMENT
POST OFFICE BOX 669
LEXINGTON, SC 29071-0669
(803)749-6400 • 1-888-813-8000
FAX: (803)749-6495
MEMBERSERVICES@MCECOOP.COM

INSTRUCTIONS TO CLAIMANT'S OF RETIRED BUT UNCLAIMED CAPITAL CREDITS

1. **After completely filling out the information in Sections I, II and III, sign your name(s) in Section IV before a notary public. This is a sworn statement under oath.**
2. Attach the following items to verify your claim:
 - a. A photocopy of your Driver's License or other valid, government issued photo identification.
 - b. The last four digits of your Social Security Number:
 - c. Documentation (such as a Mid-Carolina Electric Cooperative, Inc. billing statement) that proves you were the account holder of the account for the years claimed in Section III. If no such documentation can be provided, attach a written statement that you were the account holder during the years claimed. Example of statement: I, _____ (name), was the electric account holder at _____ (address) during the year(s) _____.
3. If you are claiming capital credits held in the account of a deceased person, provide 2a above and provide both of the following.
 - a. Affidavit for Collection/Small Estate Proceeding **or** Certified Copy of an Order from the Probate Court appointing you as Personal Representative of the deceased account-holder's Estate; **and**
 - b. A Certified Copy of the deceased account-holder's Death Certificate.
4. For business or organization accounts, in addition to 2.a. above, provide a completed and notarized copy of the Affidavit and Indemnity Agreement attached as business organization form.
5. Return this entire form with all sections completed and ALL requested documentation attached to:

Mid-Carolina Electric Cooperative, Inc.

P.O. Box 669

Lexington, South Carolina 29071

Allow ten weeks for processing after all documentation is received.

6. For further information you may contact:
Member Services at (803) 749-6400, toll free (888) 813-8000 or memberservices@mcecoop.com