

**MID-CAROLINA ELECTRIC COOPERATIVE, INC.**  
**PROVIDED SERVICES AND APPLICABLE CHARGES**

<u><b>ELECTRICAL SERVICES</b></u>	<u><b>CHARGE</b></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
<u><b>METERING FEE</b></u>	
Meter Test Fee – (single & poly phase) .....	\$ 25.00
Meter Relocate Fee .....	\$ Actual Costs
Meter Tampering Fee .....	\$ 150.00
<u><b>SERVICE INSTALLATION</b></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 .....	\$ 10.00/ft.
(single phase, not in underground subdivision, new construction only)	
Secondary underground installation (not in underground subdivision) .....	\$ 200.00 plus \$2.50/ft.
Replace existing overhead service with underground service .....	\$ 200.00 plus \$2.50/ft.
Replace existing overhead service and fiber with underground	\$ 400.00 plus \$3.00/ft.
Relocate existing underground service .....	\$ 200.00 plus \$2.50/ft.
<u><b>GENERAL</b></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.



## 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:** \_\_\_\_\_

**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

<b>Account Number: 9300000699</b>		<b>Amount Due \$25.00 Due Date 07/28/16</b>
Member: MID-CAROLINA MEMBER		
PREVIOUS BALANCE	\$0.00	
TOTAL PAYMENTS	\$0.00	
BALANCE FORWARD	\$0.00	
CURRENT MONTH CHARGES	\$25.00	

Office Hours: 8 a.m. to 5:00 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](http://www.mcecoop.com)

**Messages from MCEC**

- Summer On-Peak hours are 4 p.m. - 7 p.m. through October 31st.
- Thanks for your patience with longer call times as we upgrade our software to better serve our members.
- See what you are missing - download SmartHub today!

MID-CAROLINA MEMBER  
123 ANY ST  
ANYTOWN SC 00000-0000



Meter Number	Previous Reading	Present Reading	Reading Dates	Energy Usage	On-Peak/Demand Usage
36342814	4045	4045	06/30 to 06/30	0	0.0
Number of Days: 0 On-Peak Occurred: 06/30/2016 5:00 PM - 6:00 PM Average Cost Per Day:					

**Explanation of Current Charges  
Statement Date 07/08/16  
Usage Period 06/30/16 to 06/30/16**

Code: NEW ACCOUNT	
Membership Applied	\$15.00
Account Setup And Installation	\$10.00
<b>CURRENT MONTH CHARGES</b>	<b>\$25.00</b>

Service Address: 123 ANY ST  
Service Description: RESIDENCE  
Location: 215-93-001  
Rate Schedule: Residential/Farm Service  
Multiplier: 1.0

**PLEASE READ BACK OF BILL FOR OTHER IMPORTANT INFORMATION**

PLEASE DETACH BOTTOM PORTION AND RETURN WITH YOUR PAYMENT



<b>Account Number: 9300000699</b>	<b>Amount Due \$25.00 Due Date 07/28/16</b>
<b>Location: 215-93-001</b>	

9300000699000025000000250000000000

Amount Paid \_\_\_\_\_

Statement Date: 07/08/16  
Account Name: MID-CAROLINA MEMBER  
Service Address: 123 ANY ST  
ANYTOWN, SC 00000

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
9300000699	MID-CAROLINA MEMBER	RESIDENCE 123 ANY ST	07/08/16

Billing Comparisons	Days	kWh Used	Avg kWh Per Day	On-Peak/Demand Usage	Total Charges
Current Billing Month	0	0	0	0.000	0.00
Previous Billing Month	35	0	0		0.00
Same Month Last Year	33	0	0		0.00

**TO REPORT A POWER OUTAGE  
DAY OR NIGHT  
CALL 749-6444 or (888) 813-7000  
PLEASE MAKE SURE WE HAVE THE  
CORRECT PHONE # FROM WHICH YOU  
MAKE OUTAGE CALLS (SEE BELOW)**

**COMMENTS**

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**PHONE NUMBER USED TO IDENTIFY YOUR  
ACCOUNT WHEN REPORTING A POWER OUTAGE**  
Present Number on File: (803)555-5555  
**CORRECT NUMBER:** \_\_\_\_\_

**MAILING ADDRESS CORRECTIONS**

Street or PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ACCOUNT NUMBER: 9300000699  
ACCOUNT NAME: MID-CAROLINA MEMBER**



PO Box 669  
Lexington, SC 29071

<b>Account Number: 4701188135</b>		<b>Amount Due \$97.00 Due Date 08/02/16</b>
Member:		
PREVIOUS BALANCE	\$109.00	
TOTAL PAYMENTS	\$109.00CR	
BALANCE FORWARD	\$0.00	
CURRENT MONTH CHARGES	\$97.00	

Office Hours: 8 a.m. to 5:00 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](http://www.mcecoop.com)

**Messages from MCEC**

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- Thanks for your patience with longer call times as we upgrade our software to better serve our members.
- See what you are missing - download SmartHub today!

MID-CAROLINA MEMBER  
 123 ANY ST  
 ANYTOWN SC 00000-0000



Meter Number	Previous Reading	Present Reading	Reading Dates	Energy Usage	On-Peak/Demand Usage
123055897	10774	11445	06/07 to 07/07	671	2.56
Number of Days: 30 On-Peak Occurred: 06/20/2016 6:00 PM - 7:00 PM Average Cost Per Day: 3.23					

**Explanation of Current Charges  
 Statement Date 07/13/16  
 Usage Period 06/07/16 to 07/07/16**

Account Charge		\$24.00
Energy Charge	671 kWh@ 0.047	\$31.54
On-Peak/Demand Charge	2.560 kW@ 12.00	\$30.72
100 Watt Hps Open (Qty: 1)		\$10.00
Operation Round Up		\$0.74
<b>CURRENT MONTH CHARGES</b>		<b>\$97.00</b>

Service Address: 123 ANY ST  
 Service Description: RESIDENCE  
 Location: 269-86-008  
 Rate Schedule: Residential/Farm Service  
 Multiplier: 1.0

**PLEASE READ BACK OF BILL FOR OTHER IMPORTANT INFORMATION**

PLEASE DETACH BOTTOM PORTION AND RETURN WITH YOUR PAYMENT



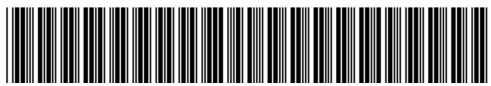
<b>Account Number: 4701188135</b>	<b>Amount Due \$97.00 Due Date 08/02/16</b>
<b>Location: 269-86-008</b>	

4701188135000097000000970000000000

Amount Paid \_\_\_\_\_

Statement Date: 07/13/16  
 Account Name: MID-CAROLINA MEMBER  
 Service Address: 123 ANY ST  
 ANYTOWN, SC 00000

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

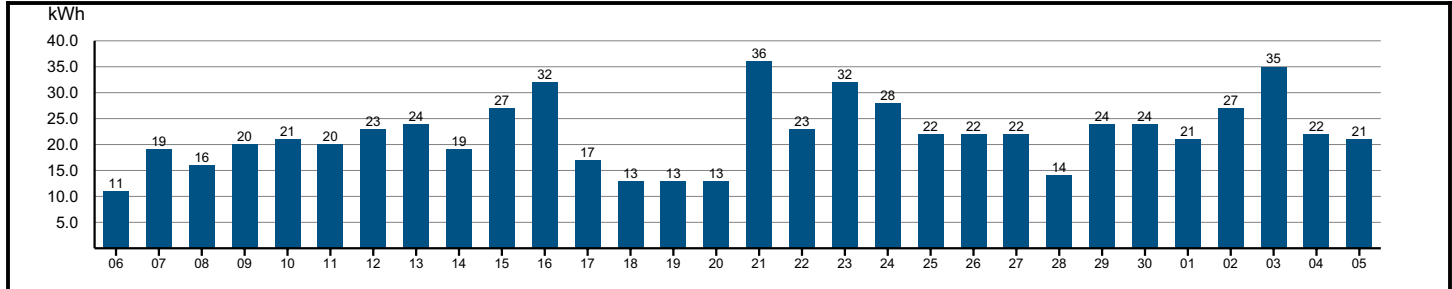


CHECK THIS BOX TO RECORD CHANGES ON BACK

Account Number	Account Name	Service Location	Statement Date
4701188135	MID-CAROLINA MEMBER	RESIDENCE 123 ANY ST	07/13/16

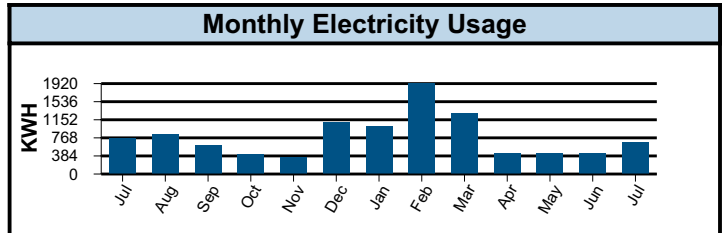
Billing Comparisons	Days	kWh Used	Avg kWh Per Day	On-Peak/Demand Usage	Total Charges
Current Billing Month	30	671	22	2.560	97.00
Previous Billing Month	31	439	14	4.096	105.00
Same Month Last Year	30	758	25	0.000	117.00

**Energy Usage (kWh) by Day:**



**Temperatures**

High	76	93	88	87	93	94	99	95	97	94	99	97	88	85	91	94	98	100	99	99	92	93	92	93	98	104	100	102	99	
Low	73	73	64	63	67	74	76	74	75	74	77	77	71	64	63	70	74	76	80	74	78	71	76	76	73	76	78	78	78	76



**TO REPORT A POWER OUTAGE  
DAY OR NIGHT  
CALL 749-6444 or (888) 813-7000  
PLEASE MAKE SURE WE HAVE THE  
CORRECT PHONE # FROM WHICH YOU  
MAKE OUTAGE CALLS (SEE BELOW)**

**COMMENTS**

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**PHONE NUMBER USED TO IDENTIFY YOUR  
ACCOUNT WHEN REPORTING A POWER OUTAGE**  
Present Number on File: (803) 555-5555  
**CORRECT NUMBER:** \_\_\_\_\_

**MAILING ADDRESS CORRECTIONS**

Street or PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ACCOUNT NUMBER: 4701188135**  
**ACCOUNT NAME: MID-CAROLINA MEMBER**



**PO BOX 669  
LEXINGTON SC 29071-0669**

**CUSTOMER 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	
8900800301		RESIDENTIAL/FARM SERVICE	
DATE	FOR SERVICE AT		
06/27/2016	123 ANY ST		

MID-CAROLINA MEMBER  
123 ANY ST  
ANYTOWN, SC 00000-0000

**FINAL NOTICE**



**Your account as previously notified remains past due in the amount of \$153.00, and your electric service will be disconnected unless payment in full is received in our office by 5:00 p.m. on JULY 04, 2016.** 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. JULY 04, 2016  
AND YOU HAVE FAILED, AT A HEARING REQUESTED BY YOU AND SCHEDULED  
PRIOR TO 5:00 P.M. ON JULY 04, 2016, TO SHOW GOOD CAUSE WHY  
THE ELECTRIC SERVICE SHOULD NOT BE TERMINATED.**

Customers with serious medical problems may avoid termination by submitting a completed medical certificate (available at the Cooperative) which must be signed by the physician.

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

**Pay by phone by calling 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

**FINAL NOTICE**

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

ACCOUNT NUMBER	TOTAL DUE
8900800301	153.00

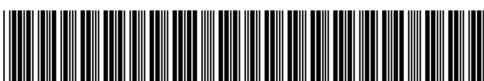
PAYMENT DUE BEFORE 5:00 PM

8900800301000153000001530000015300

ON 07/04/2016

MID-CAROLINA MEMBER  
123 ANY ST  
ANYTOWN, SC 00000-0000

MID-CAROLINA ELECTRIC COOPERATIVE INC  
PO BOX 669  
LEXINGTON SC 29071-0669 02



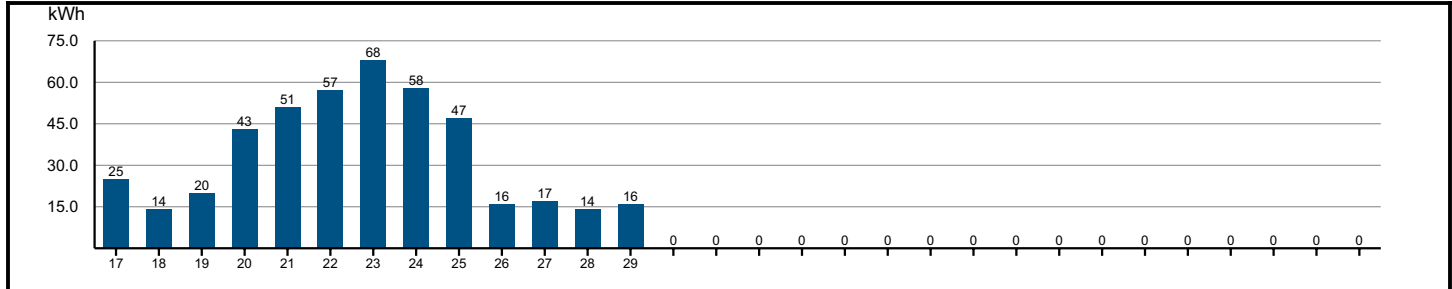




Account Number	Account Nam	Service Location	Statement Date
1101074031	MID-CAROLINA MEMBER	HOUSE 123 ANY ST	07/08/16

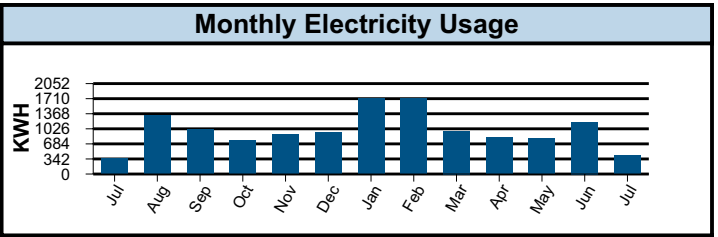
Billing Comparisons	Days	kWh Used	Avg kWh Per Day	On-Peak/Demand Usage	Total Charges
Current Billing Month	12	427	36	5.184	57.46
Previous Billing Month	31	1181	38	5.888	159.00
Same Month Last Year	30	350	12	0.000	48.00

**Energy Usage (kWh) by Day:**



**Temperatures**

High	97	88	85	91	94	98	100	99	99	92	93	92	93
Low	77	71	64	63	70	74	76	80	74	78	71	76	76



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PLEASE MAKE SURE WE HAVE THE  
CORRECT PHONE # FROM WHICH YOU  
MAKE OUTAGE CALLS (SEE BELOW)**

**COMMENTS**

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

Present Number on File: (555)555-5555

**CORRECT NUMBER:** \_\_\_\_\_

**MAILING ADDRESS CORRECTIONS**

Street or PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ACCOUNT NUMBER: 1101074031  
ACCOUNT NAME: MID-CAROLINA MEMBER**



PO Box 669  
Lexington, SC 29071-0669

MID-CAROLINA MEMBER  
123 ANY ST  
ANYTOWN SC 00000-0000



RE: Electric Service Account #1101716015

Our records indicate that your closing bill with Mid-Carolina Electric Cooperative in the amount of \$390.00 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

07/22/2016

**\* PAST DUE \***

Account # 1101716015	\$390.00
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# 1101716015 # Important Notice

MID-CAROLINA MEMBER  
123 ANY ST  
ANYTOWN SC 00000-0000

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

## 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.



**MID-CAROLINA ELECTRIC COOPERATIVE, INC.**  
 Member-Owner Capital Credits  
**Affidavit and Indemnity Agreement**

Name of Former Business or Organization: \_\_\_\_\_ (the "Business").

Owner Information:

Full Name <small>(Last, First, Middle Initial)</small>	Current Address	Social Security Number	Percent Ownership
(1) _____	Street: _____ City: _____ State: ____ Zip: _____	____ - ____ - ____	____ %
(2) _____	Street: _____ City: _____ State: ____ Zip: _____	____ - ____ - ____	____ %
(3) _____	Street: _____ City: _____ State: ____ Zip: _____	____ - ____ - ____	____ %
(If necessary, use additional space provided on Page 2)			(Must equal 100%) <b>TOTAL</b> _____ %

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

- Undersigned are the sole equity owner(s) of the Business and as 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 a claim or interest in the Member-Owner 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, and complete and acknowledge 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 \_\_\_\_\_.

_____ Signature (1)	_____ Signature (2)	_____ Signature (3)
_____ Printed Name (1)	_____ Printed Name (2)	_____ Printed Name (3)

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_  
 Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ (SEAL)  
 Notary Public for \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

## 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, dated, 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

### Corporation

- Certified copy of the Articles of Dissolution filed with Secretary of State with attached Plan of Dissolution filed with the Secretary of State
- List of shareholders

### Limited Liability Company (LLC)

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

### Limited Partnership

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

### Partnership

- Copy of the partnership agreement, if available
- Decree of judicial dissolution, if available

### Sole Proprietorship

- Only Affidavit and Indemnity Agreement required

## Additional Space for Owner Information

Full Name <small>(Last, First, Middle Initial)</small>	Current Address	Social Security Number	Percent Ownership
(4) _____	Street: _____ City: _____ State: ____ Zip: _____	____ - ____ - ____	____ %
(5) _____	Street: _____ City: _____ State: ____ Zip: _____	____ - ____ - ____	____ %
(6) _____	Street: _____ City: _____ State: ____ Zip: _____	____ - ____ - ____	____ %
(7) _____	Street: _____ City: _____ State: ____ Zip: _____	____ - ____ - ____	____ %
(8) _____	Street: _____ City: _____ State: ____ Zip: _____	____ - ____ - ____	____ %
(Must equal 100% and include percentages from page 1) TOTAL			____ %

\_\_\_\_\_  
Signature (4)

\_\_\_\_\_  
Signature (5)

\_\_\_\_\_  
Signature (6)

\_\_\_\_\_  
Printed Name (4)

\_\_\_\_\_  
Printed Name (5)

\_\_\_\_\_  
Printed Name (6)

\_\_\_\_\_  
Signature (7)

\_\_\_\_\_  
Signature (8)

\_\_\_\_\_  
Printed Name (7)

\_\_\_\_\_  
Printed Name (8)



I-20 AND ROAD 204  
POST OFFICE BOX 669  
LEXINGTON, SC 29071-0669  
(803) 749-6555 • IN SC 1-888-813-9000  
FAX: (803) 749-6466  
E-MAIL: www.mcecoop.com

## UNCLAIMED CAPITAL CREDITS CLAIM FORM

### I. Person Claiming:

Full Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

### II. Original Owner:

Full Name: \_\_\_\_\_

Address where electric service was received: \_\_\_\_\_  
\_\_\_\_\_

Name of Co-owner if Joint Account: \_\_\_\_\_

### III. Property Claimed:

Customer Identification Number: \_\_\_\_\_

Year(s): \_\_\_\_\_

### 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

\_\_\_\_\_  
Co-Claimant (if applicable)

SWORN and subscribed to before me

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
- (L.S.)

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## 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, John Doe, 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 2.a. above and provide:
  - 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 of 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:  
**Customer Service at (803) 749-6400 or (888) 813-8000**

## 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.**



**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

## 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:

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Document Received by \_\_\_\_\_ (CSR)

Document Reviewed by \_\_\_\_\_ (CS Coordinator)

Date \_\_\_\_\_

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 \_\_\_\_\_

## 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: \_\_\_\_\_