

## CAPITAL CREDIT ADDRESS VERIFICATION FORM

If you were previously a member of Johnson County REMC, please use this form to update your current address so that we may process any capital credit retirement checks that may be due to you now or in the future. It is important to complete all information. Incomplete forms cannot be processed.

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

Date of Birth: \_\_\_\_\_

Additional name, if any, on the account (*i.e. – spouse*): \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Last 4 digits of Social Security Number (*required for individuals*): \_\_\_\_\_

Federal ID number (*required for businesses*): \_\_\_\_\_

### What was the last address while a Johnson County REMC member?

Street: \_\_\_\_\_

\_\_\_\_\_

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

### Current address:

Street: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (for additional name if applicable)

\_\_\_\_\_  
Date

Please return form to: Johnson County REMC, P.O. Box 309, Franklin, IN 46131  
Or email a scanned copy to [custservice@jcremc.com](mailto:custservice@jcremc.com)

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