



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

Customer #: _____