



# People's Energy Cooperative

Your Touchstone Energy® Cooperative 

## Account Update Form

**Please complete this form in order to 1) correct information provided on the Statement of Membership; 2) enroll in our Automatic Bill Pay Plan; 3) select your type of membership; 4) sign-up for our e-newsletter; and 5) elect to opt-out of our Operation Round Up® program.**

It is important to note that if this form is not completed and returned, your membership will be processed as the name(s) appear on your "Statement of Membership", you will not be able to utilize our online account management system and you'll remain enrolled in our Operation Round Up® program.

### Statement of Membership Corrections & Required Online Account Management Information

If the account information on your 'Statement of Membership' is incorrect, please provide the accurate information in the table below. **Please note that in order to utilize our online account management system you will need to provide your e-mail address and at least the last four numbers of your social security number for identification and security purposes.**

<b>Membership #</b> (Can be found on Statement of Membership or Bill)	
<b>Member Name</b>	<b>Add'l Member Name</b>
<b>Home Phone No.</b>	
<b>Cell Phone No.</b>	<b>Cell Phone No.</b>
<b>Billing Address</b>	<b>Service Address</b>
<b>Address</b>	<b>Address 2</b>
<b>City, State ZIP</b>	<b>City, State ZIP</b>
<b>Email Address</b>	<b>Email Address</b>

### Automatic Payment Authorization

Simplify your electric bill payment process by enrolling in our Automatic Bill Pay Plan. No checks to write or worries about lost, stolen, or delayed mail. Simply authorize us to do so by providing the following information. Sign-up by 10/30/15 to be entered into a drawing for one of 25 \$30 bill credits.

#### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH/EFT DEBITS)

I authorize People's Energy Cooperative to debit the checking, savings, or credit/debit card accounts entered below for the Account Numbers listed on my Statement of Membership. I acknowledge that the origination of ACH/EFT transactions to my account(s) must comply with the provisions of U.S. law.

I understand the amount owed on my electric account(s) will draft on the due date indicated on my bill each month, unless it is on a weekend or holiday, in which it will draft the following business day.

**Bank Account Type:**  Checking  Savings *\*Please attach a voided check or savings deposit slip*

Bank Name & Address \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Credit/Debit Card Type:**  MasterCard  Visa  Discover

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

This authorization is to remain in full force and in effect until People's Energy Cooperative has received notification from me of its termination at least 5 business days before the due date on my electric bill.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Type of Membership

Place an 'X' in the box to select SINGLE, JOINT, or BUSINESS MEMBERSHIP. Please Note: The social security number and date of birth are needed for identity confirmation and are required to utilize our online account management system.

**SINGLE MEMBERSHIP** means all capital credits allocated as a result of membership shall be assigned to you individually and, in the event you become deceased, 100 percent of that assignment may be paid to your estate on a discounted basis or paid upon normal retirement of capital credits.

First	Middle	Last	S.S.#	Date of Birth
-------	--------	------	-------	---------------

**JOINT MEMBERSHIP** means all capital credits allocated as a result of membership shall be split 50-50 between two members. In the event either member should become deceased, his or her 50 percent may be paid to his or her estate on a discounted basis or be paid upon normal retirement of capital credits. (Limited to only one vote per membership.) No more than two natural persons are allowed per account. \*Adding or removing a member requires both members to sign below.

First	Middle	Last	S.S.#	Date of Birth
-------	--------	------	-------	---------------

First	Middle	Last	S.S.#	Date of Birth
-------	--------	------	-------	---------------

**BUSINESS MEMBERSHIP** means all capital credits allocated shall be paid upon normal retirement of capital credits to the corporation or partnership. This type of membership is limited to only one vote per membership.

Name of Corporation or Partnership	Federal ID #
------------------------------------	--------------

First	Middle	Last	Phone Number
-------	--------	------	--------------

*Member(s) signature(s) required to update membership status	Date
--	------

## Electronic Billing and Communications

If you prefer to receive your bill and/or monthly newsletter electronically, please indicate so by checking the appropriate boxes below. Sign-up for e-billing by 10/30/15 to be entered into a drawing for one of 25 \$30 bill credits. Be sure to include your e-mail address on the front of this form.

- I wish to receive my bill electronically  
 I wish to receive my Highline Newsletter electronically

## Operation Round Up<sup>®</sup>

The People's Energy Cooperative Trust - Operation Round Up<sup>®</sup> program raises approximately \$72,000 per year from members who have their bill rounded up to the next dollar each month. Eighty percent of members participate in this community support program that raises money for local charities and service organizations by allowing the Cooperative to simply "round up" electric bills to the next highest dollar. The monthly contribution could be as little as a penny, but never more than ninety-nine cents. The average donation per member is \$6.00 per year.

Members are automatically enrolled in our Operation Round Up<sup>®</sup> Program and grants are awarded on a quarterly basis to local, non-profit, community and civic organizations that apply. If you do not wish to participate, please indicate by checking the 'opt-out' box below.

- I wish to opt-out of the Operation Round Up<sup>®</sup> Program