



ALTERNATE DUE DATE APPLICATION

I hereby authorize Upper Cumberland Electric Membership Corporation to place my account on an alternate payment date. The Cooperative may terminate the agreement with any member for the member's violation of any Cooperative rules or regulation, in accordance with Board Policy 5-02 Alternate Payment Date for Consumer

This authorization is to remain in effect until revoked by UCEMC or the Member.

Please Print Clearly or Type

ACCOUNT INFORMATION

Member Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail: _____

Cycle	Due Date	Read Date	
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Cycle	Due Date	Read Date	
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823	23	2	<input type="checkbox"/>
825	25	4	<input type="checkbox"/>
827	27	6	<input type="checkbox"/>
829	29	8	<input type="checkbox"/>
801	1	10	<input type="checkbox"/>
803	3	12	<input type="checkbox"/>
805	5	14	<input type="checkbox"/>

809	9	18	<input type="checkbox"/>
811	11	20	<input type="checkbox"/>
813	13	22	<input type="checkbox"/>
815	15	24	<input type="checkbox"/>
817	17	24	<input type="checkbox"/>
819	19	24	<input type="checkbox"/>
821	21	24	<input type="checkbox"/>

Member's Signature: _____

Date: _____

Note: Notary statement required if not witnessed by a Cooperative employee

State of ____ County of _____. On this ____ day of _____, _____ before me personally appeared _____ to me known to be the person(s) who executed the foregoing instrument for the purpose therein contained. Witness my hand and official seal at _____, the date foresaid.

Notary Public _____ My Commission expires _____

OFFICE USE ONLY: Cycle: _____ Employee Signature: _____

Date: _____