



PROJECT HELP

Project Help is a program developed by UCEMC to help defray emergency energy costs for qualified individuals. Contributions can be discontinued at any time by simply notifying UCEMC.

The Cooperative may terminate the agreement with any member for the member's violation of any Cooperative rules or regulation.

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: _____

CONTRIBUTION PLEDGE

Amount Per Month: \$ _____ (\$1.00 Minimum)

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: _____