

SENIOR PLAN APPLICATION FORM

PLEASE PRINT

MEMBER'S NAME

STREET ADDRESS

CITY/STATE

ZIP CODE

ACCOUNT NUMBER

TELEPHONE NUMBER

MEMBER'S AGE

SOCIAL SECURITY NUMBER

PLEASE READ THE FOLLOWING QUALIFICATIONS FOR THIS PLAN AND SIGN BELOW:

QUALIFICATIONS:

- 1) The applicant must be sixty-two (62) years of age or older, or be permanently disabled.
- 2) The account must be in the applicant's name and have service for a primary residence and/or water pump for that residence.
- 3) The applicant's primary source of income must be Social Security.
- 4) Zero balance on account before initiating plan.

I further understand and agree that I may be removed from Senior Billing if I fail to pay all bills promptly when rendered. I will at that time pay my balance in full and return to regular monthly billing. I understand at any time I choose to return to regular monthly billing, move to another residence, or when I discontinue service, the balance on my account will be due and payable or any credit refunded.

*****Please attach proof of age and award of Social Security or Disability benefits as the primary source of income. The application cannot be processed without this information accurately completed.**

I, the undersigned, do hereby attest that I meet all the above qualifications and am, therefore, eligible for Southern Rivers Energy Senior Plan.

SIGNATURE OF APPLICANT

DATE

WITNESS

DATE