




**Aiken Electric Cooperative, Inc.**

Your Touchstone Energy® Partner 

*Senior* *Select* Program

Date: \_\_\_\_\_

Location# \_\_\_\_\_

Account# \_\_\_\_\_

Telephone# \_\_\_\_\_

Current Bill Cycle: \_\_\_\_\_

Email Address \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date receiving monthly check: \_\_\_\_\_

*Senior* *Select* Cycle: \_\_\_\_\_ 547 (due 8<sup>th</sup>) \_\_\_\_\_ 417 (due 22<sup>nd</sup>)

Begin Program: \_\_\_\_\_

**CONDITIONS OF THIS AGREEMENT:**

Member must be on Social Security or Disability and receiving a check during each month.

**THIS AGREEMENT MAY BE SUBJECT TO CANCELLATION AT ANYTIME DUE TO THE FOLLOWING:**

1. Termination of electric service by the undersigned at the location listed above.
2. Failure to make payments by the due date and/or disconnect for non-pay.
3. Payment is returned for insufficient funds.

***I hereby certify that I am eligible for *Senior* *Select* Program by virtue of the fact that I am currently receiving a Social Security or Disability check.***

Members Signature: \_\_\_\_\_

Member Service Agent: \_\_\_\_\_

Date Cycle Changed by Billing: \_\_\_\_\_

**OFFICE USE:** Checklist (Select One). After check list complete, forward to Billing Representative.

Proof of income: YES NO Proof of identity: YES NO Bank Draft: YES NO (Attach Auth. Form)

Signed form: YES NO Name on income check same as AEC acct: YES NO