

**Daviess-Martin County Rural Electric Membership Corporation**

P.O. Box 430, 12628 E 75 N, Loogootee, IN 47553-0430

Phone 812-295-4200 / 800-762-7362

Fax 812-295-4216

**FORMER MEMBER VERIFICATION FORM**

We / I / Organization (circle one) was/were a member of Daviess-Martin County REMC. The name/names on the account were:

1<sup>st</sup> name \_\_\_\_\_

2<sup>nd</sup> name \_\_\_\_\_

Address or Location where we received service from Daviess-Martin REMC was,

Street/Road \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

- SSN# (Required if Individual) \_\_\_\_\_
- Federal ID# (Required if Business) \_\_\_\_\_
- Capital Credit Number of former member is \_\_\_\_\_. DMREMC will provide.
- Complete and return Page 1 only of attached IRS Form W-9 - Request for Taxpayer Identification Number & Certification.
- Attach copy of one form of government issued identification.
- If this form is mailed to the REMC, it must be notarized and include a legible copy of one form of government issued identification.

In consideration of the payment for the above designated capital number, we / I, (a) guarantee and certify as to the correctness of this document, and further, (b) agree to release, hold harmless, and to indemnify said Cooperative from any and all liability of any kind or nature which may result from the release of this payment.

Signature(s) (Required) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ / \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Name

My Commission Expires:

County of Residence:

\_\_\_\_\_

\_\_\_\_\_