



O: 812.295.4200 / 800.762.7362 F: 812.295.4216 A: PO Box 430 / 12628 E 75 N Loogootee, IN 47553 W: www.dmremc.com

**FORMER MEMBER VERIFICATION FORM**

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

Name \_\_\_\_\_

Joint name (if applicable) \_\_\_\_\_

**\*Please call the Daviness-Martin County REMC office to verify the names on the account prior to completing the form.**

- SSN# (Required for each individual) \_\_\_\_\_  
\_\_\_\_\_

- Capital Credit Number of former member is \_\_\_\_\_. DMREMC will provide.

- Attach a copy of one form of government issued identification per individual.

- **This document must be notarized.**

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