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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 photo 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