



P.O. Box 129
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219-866-2199 (fax)
jasperremc.com (10/22)

Capital Credit Claim Form

This form is to be used when claiming capital credits that have been issued in your name. You can use this form if your spouse is deceased and your name was also on the account. Claims being made by heirs or spouses whose names were not on the account require a different form; the Agent’s Appointment Form. If you still have the capital credit check, return it to us with this form. **If you are mailing this form back to us, please include a copy of your driver’s license or government issued id for identity verification.**

PLEASE PRINT ALL INFORMATION

Claimant Info:

Name _____

Current address _____

Primary phone number _____

REMC Capital Credit Account Info:

Name(s) on account _____

Last four digits of Social Security number for name(s) on account _____

Address of account(s) _____

What years were you served by REMC? _____

By signing this form you are stating that the above information is accurate and truthful and that you are claiming Jasper County REMC capital credits that you are entitled to.

Claimant signature _____ **Date** _____

For office use only

Account number(s) _____

Years refunded _____

Approved for refund Yes _____ No _____/Reason _____

Amount to refund \$ _____

Checked claimant’s ID Yes _____ No _____

CSR initials _____ Date _____