



**Application for New Membership
And Electric Service**

P.O. Box 45
Glennallen, AK 99588
(907) 822-3211

customerservice@cvea.org

Account Holder and Service Location

Name(s)/Organization: _____ Date: _____

I/we apply for membership in Copper Valley Electric Association, Inc. and request electric utility service to the premises listed below.

Location/Date ready to receive service: _____
Date

Are you a former or current CVEA member? Yes No

Is the location currently serviced by CVEA? Yes No

Most recent member name at location, if known: _____

Type of Service: Residential Business

Do you own or rent the location? Own Rent In process of purchasing

If renting, please provide Landlord contact information:

Name: _____ Phone No: _____

Account Details

Type of Billing: Regular Billing Prepaid Metering (additional form required)

Type of Account: Joint (both parties must sign) Single
 Sole Proprietor (dba) Corporation, Association, Partnership

Is life-support equipment used at this service location? Yes (additional form required) No
(i.e., heart monitor, oxygen concentrator, medical transmitter, etc.)

Would you like to enroll in Auto Pay? Yes (additional form required for **Regular Billing** only) No

Would you like to participate in CVEA's round-up program? This program rounds up your monthly bill to the nearest dollar to help fund scholarships awarded to local students through the CVEA Community Foundation, which is a 501(c)(3) nonprofit organization. Yes No

**METER ACCESS IS A REQUIREMENT FOR SERVICE. FAILURE TO PROVIDE SAFE ACCESS MAY
RESULT IN DISCONTINUED SERVICE.**

For Office Use Only:

Membership # _____ Account # _____ Signed Membership Card CSR Initials: _____

Applicant Information

	Applicant		Co-Applicant		
Names	First	Last	First	Last	
Maiden Name					
Contact Information	Mailing Address		City	State	Zip
Phone	Home	Cell	Home	Cell	
Email Address					

ID or Driver's License	State	State
Date of Birth		
Social Security #		
Business EIN #		
Employer & Work Phone		Phone
Employer & Work Phone		Phone

Authorized Person/s on your account, please choose from the following options (Optional)

<input type="checkbox"/> Full Access	Those able to receive all information, able to disconnect/reconnect account and update account information
Name	
Phone	
Email	
<input type="checkbox"/> Third Party	Your alternative contact if CVEA is unable to contact you, those listed can receive information including disconnect notices
Name	
Phone	
Email	

Data Collection Information (Optional)

As a recipient of federal assistance, CVEA is required to identify and document as accurately as possible the racial/ethnic data on the eligible population in our service area. The information you provide will be considered confidential and used only for Federal Government Reporting Purposes. Select one or more.

<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	White	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander

I agree to comply with Copper Valley Electric Association's Bylaws as amended (posted at www.cvea.org) and its regulations and tariffs. I agree to promptly pay all Copper Valley Electric Association bills and to submit all changes to this account in writing. I understand that failure to keep these agreements can result in suspension of service and termination of membership.

Applicant Signature

Date

Co-Applicant Signature

Date

Digital Signatures are not accepted

COPPER VALLEY ELECTRIC ASSOCIATION, INC. SIGNATURE CARD

MEMBERSHIP # _____ **DATE** _____

It is the intent, by signature below, that the membership will be carried on the books of Copper Valley Electric Association Inc. as:

Please Print Member Name

Please Print Member Name

The above-named person(s) will vote (either, but not both) the membership, as prescribed in the Copper Valley Electric Association Inc. Bylaws.

Signature(s) below (either, but not both) is the signature that will appear on ballots submitted by this membership.

Member Signature
Digital Signatures are not accepted

Member Signature
Digital Signatures are not accepted

Please submit this form to customerservice@cvea.org.

It is your responsibility to notify CVEA of any changes to the status of your account.

**COPPER VALLEY ELECTRIC ASSOCIATION, INC.
COMMERCIAL SIGNATURE CARD**

MEMBERSHIP # _____ **DATE:** _____

___ **Corporation** ___ **Partnership** ___ **Association**

It is the intent that the membership will be carried on the books of Copper Valley Electric Association, Inc. as:

(Business Name – Please print or type)

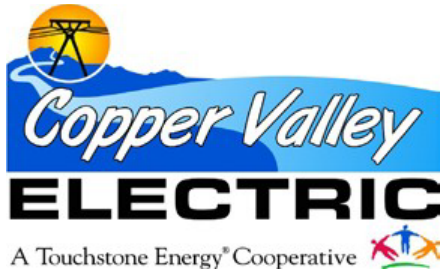
The officers/partners are:

The above-named officers/partners will vote (one, but not all) the membership, as prescribed in the Copper Valley Electric Association, Inc. Bylaws, except as otherwise designated by Corporate Resolution.

Signature(s) below (one, but not all) is the signature that will appear on ballots submitted by this membership.

Digital signatures are not accepted.

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Automatic Credit Card Payment Agreement

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For your convenience, you may have your monthly electric bill(s) automatically paid from your personal debit or credit card with the following logos (Visa, MasterCard, or Discover) using CVEA's Auto Pay.

Members can enroll online via our website (www.cvea.org) or by completing and submitting this form electronically, in person, by mail or CVEA's secure drop boxes at either of our office locations.

For security reasons CVEA does not store credit card numbers at our office and your credit card information will be required with the initial set up of this service. It is your responsibility to manage your information through CVEA's Smart Hub website or contact CVEA staff to keep your credit card information current.

Member Name: _____ Phone Number: _____

Email address required: _____

By signing this Auto Pay agreement I am accepting the terms and conditions for all current and future accounts that I request be set up on CVEA's Auto Pay program.

- As required by the tariff CVEA bills are due when rendered. This credit card transaction will be processed within 5 days of the billing date.
- The credit card charge will equal the "amount due" on the statement.
- Auto Pay will not be effective until the next billing date.
- Failure to maintain Auto Pay information which results in inability to charge the card could result in collection action and disconnection of service.

I accept the terms listed above and will be responsible for notifying CVEA one month in advance if cancellation of this service is requested, or if there are any changes to the information listed above.

Cardholder's Name (please print)

Cardholder's Signature (**Digital Signatures are not accepted**)

Date