

NEC Residential Retail Enrollment Form

For NEC Area Customers

Revised 10/15/06

Welcome to the Nueces Electric Cooperative Retail Division (NEC RD)! You have selected one of the most competitive and highest quality retail electricity providers in Texas. As our customer, you are also a member-owner of Nueces Electric Cooperative, Inc. (NEC). This means you are an owner of the electric utility that serves you! NEC RD is part of a not-for-profit organization, dedicated to giving you the best possible electric service at the most reasonable rates. Let us know if there is ever anything we can do to serve you better! Please complete and return this form to begin the process to receive your electric power from NEC RD!

For NEC Personnel Use Only: Membership Fee Paid Deposit Required Deposit Received Letter of Credit Received Credit Check Completed (\$4 charge)
 Other Method to Establish Satisfactory Credit – describe _____

Service Information

TYPE OF SERVICE

I am moving to this new address, and I am not a current Nueces Electric Cooperative customer. (Requires a minimum of 3-5 business days to process.) **When is your Move In Date?** _____

I am switching my electric service from my current Retail Electricity Provider to Nueces Electric Cooperative for the address where I currently reside. Please allow 30-45 days for the switch to occur.

I am currently a Nueces Electric Cooperative member.

ERCOT Notification	Waive: <input type="checkbox"/> YES <input type="checkbox"/> NO	Notification Address (if different than billing address)
Service Package or Plan Name: Variable Price Listed in Most Recent NEC RD Electricity Facts Label		

Account Information

CUSTOMER INFORMATION	First Name	Last Name				
	Social Security Number	Spouse's Name				
		SS#				
Billing Address	Billing Address		Does this home depend on life support equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO (attach required documentation)			
	City	County	ESI ID/ Meter Numbers (REQUIRED)			
	State	Zip Code				
Bank Draft Authorization (optional)	I authorize NEC to charge my electric bill each month to my financial institution account and I authorize my financial institution to debit the amount monthly. Note: Be sure to Enclose a Voided Check with this form.					
Note: Be sure to Enclose a Voided Check with this form.	Name of Bank, Credit Union, or Savings & Loan	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Routing Number	Account #		
	Signature of Authorized Account Holder		Date			
Service Address (only complete if different from billing address above)	Service Address Line 1					
	City	State				
	Zip Code	Previous REP				
Phone/E-mail Driver's License Employment	Home Phone		Delivery Service Company (circle one) NEC AEP TXU Centerpoint TNMP			
	Mobile Phone		E-mail Address			
	ST	License #	Birth (mm/dd/yyyy)	Spouse ST	License #	Birth (mm/dd/yyyy)
	Employer		Phone	Spouse Employer		Phone
	Interim Contact Information		Name	Address	E-mail	Daytime Phone

Service & Membership Agreement

Nueces Electric Cooperative (NEC) has my permission to use the information I am providing in this form to enroll me for electricity service in Texas. I affirm that I am at least 18 years of age and legally authorized to switch the electricity provider for the address shown above, and I have reviewed and agree to the Agreement Terms for my Local Energy Delivery Company area. I am authorizing (1) the NEC Retail Division (NEC RD) to become my new Retail Electricity Provider (REP) in place of my current REP; (2) NEC to act as my agent to make this change and direct my current REP to work with NEC to make this change.

Additionally, I hereby make application for membership in NEC, subject to a \$15 MEMBERSHIP FEE (unless already a NEC member) and approval by the Board of Directors. I understand that I must prove satisfactory credit through one of the following methods of my choosing: (1) provide a satisfactory payment reference letter from a previous REP (within the last 2 years), that represents no more than ONE (1) delinquent payment on my electric bills during the past 12 months and that service was not terminated or disconnected for non-payment; (2) possess a satisfactory credit rating obtained through a consumer reporting agency, as defined by the Federal Trade Commission; (3) if applicant is 65 years of age or older, and not currently delinquent in payment of any electric service account; (4) if applicant has been determined to be a victim of family violence through the provision of a letter developed by the Texas Council on Family Violence from a family violence center or medical personnel; (5) the customer demonstrates medical indigence as defined in PUCT Substantive Rule §25.478(a)(3)(E); or (6) by other methods as defined in PUCT Substantive Rule §25.478. If satisfactory credit is not proven, I understand that I may be required to pay a deposit. If required, the deposit must be received by NEC before an enrollment/switch by NEC RD is processed. I understand that if I fail to comply with PUCT Substantive Rule §25.478, I may be denied service. I understand that any deposit will be retained, earning interest, by the cooperative until refunded according to the terms of service. I also understand that I may be required to pay a deposit if I am deemed now (or in the future) to be a credit risk to the Cooperative. I understand this agreement is subject to applicable provisions of the bylaws of the Cooperative as they exist and any modifications thereto properly approved and authorized from time to time. I understand that: (i) the membership fee is refundable only upon termination of electric service provided that all debts and obligations have been paid; (ii) the membership fee may be placed in my membership account and that said account may also be used to facilitate distributions, if any; (iii) upon termination of electric service, the funds in my membership account shall normally be refunded if I am able to be located; (iv) the membership fee is non-transferable and that no interest shall be payable or accrue on the membership fee or other monies held in a member's capital account; and (v) my member capital account may be used to offset losses incurred by the Cooperative. I have received a copy and agree to follow and accept the Cooperative Bylaws and tariff provisions as they exist and modifications thereto properly approved and authorized from time to time.

- Check here if you'd like to authorize NEC RD to do a credit check to seek waiver of deposit (\$4 fee charged on first bill)
- Verifique aquí si usted prefiere recibir información del NEC RD en español. (Check here if you prefer to receive information from NEC RD in Spanish.)

Print Name	Date	
Sign Name		
DATA COLLECTION INFORMATION <small>As recipients of federal assistance, Nueces Electric Cooperative, Inc. is required to identify and document as accurately as possible the racial/ethnic data on the eligible population in our service area. We would appreciate you checking the appropriate group at right.</small>	Please note, your response to this section is optional. The information you provide will be used only for Federal Government Reporting Purposes.	Racial/Ethnic Group <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander