

**Alcorn County Electric Power Association**  
**Social Security Due Date**

Date \_\_\_\_\_

Name \_\_\_\_\_ Membership # \_\_\_\_\_

Address \_\_\_\_\_

Location # \_\_\_\_\_ Customer# \_\_\_\_\_

Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Picture ID

Proof of Social Security

I understand that if my bill is not paid in full by the 5th of the month, my electric service is subject to disconnection on the 6th without further notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please bring form, picture ID, and proof of Social Security to our office at 1909 South Tate Street.