



1499 U.S. Highway 84 W

P.O. Box 270

Cairo, GA 39828

**UNCLAIMED CAPITAL CREDIT FUNDS APPLICATION**

- Review and complete **A. Owner Information** and **B. Claimant Information**
- Attach the documentation requested in **C. Documentation Required to Claim Funds**
- Sign in **D. Affidavit** in the presence of a Notary Public
- Return completed form, along with required documentation to: **Grady EMC**  
**PO Box 270**  
**Cairo, GA 39828**

**A. MEMBER INFORMATION**

Name of Member: \_\_\_\_\_ Member #: \_\_\_\_\_

Approximate date service was disconnected: \_\_\_\_\_

Last Grady EMC service address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**B. CLAIMANT INFORMATION**

Relationship to Member:    Self    Legal Representative    Other \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

SS # or FEIN #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**C. DOCUMENTATION REQUIRED TO CLAIM FUNDS**

- The following must be included with this form:
- **Clear copy of current driver's license or other legal photo identification**
  - **Proof of social security number or FEIN**
  - **Proof of the member's original service address as listed above in Section A. (utility bill, property tax statement, income tax return, etc.)**
  - **Other legal documentation may be required**

Heirs/beneficiaries of a deceased cooperative member: Contact capital credit representative at (229) 377-4182 for the Estate Refund request process. Estate payouts cannot be processed using this form.

**D. AFFIDAVIT**

The named claimant hereby certifies that he/she has a legal and equitable interest in the unclaimed property identified above and agrees that he/she will indemnify and hold harmless Grady Electric Membership Corporation from any other valid claim to such unclaimed property or from any loss resulting from the payment of the claim.

**I AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT THE FOREGOING REPRESENTATION ARE TRUE.**

Claimant's Signature: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_

