

**Application for Service**  
**Jefferson Davis Electric Cooperative, Inc.**  
**Toll Free 1-800-256-5332**  
**Email: [billing@jdec.coop](mailto:billing@jdec.coop)**

**Jennings Office**  
906 N. Lake Arthur Ave  
P.O. Box 1229  
Jennings, LA 70546  
Phone: 337-824-4330  
Fax: 337-824-8936

**Hackett Office**  
815 Hwy 384  
Bell City, LA 70630  
Phone: 337-598-5700  
Fax: 337-598-5708

Name \_\_\_\_\_ Date \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

\_\_\_\_\_

SS# \_\_\_\_\_ Spouse Name \_\_\_\_\_

DL# \_\_\_\_\_ State \_\_\_\_\_ Spouse SS# \_\_\_\_\_

DOB \_\_\_\_\_ Spouse DOB \_\_\_\_\_

Cell# \_\_\_\_\_ Spouse Cell \_\_\_\_\_

Employer \_\_\_\_\_ Spouse Employer \_\_\_\_\_

Employer# \_\_\_\_\_ Spouse Employer# \_\_\_\_\_

Email \_\_\_\_\_ Home # \_\_\_\_\_

Membership Fee \$5.00; New Connect Fee \$50.00; Reconnect Fee \$25.00; Transfer Fee \$15.00; Red Flag Check \$5.00; Credit Check Fee \$5.00; Meter Deposit \$200.00

**Right of Access to Member's Premises**

The Cooperative shall have access to the member's premises at all times, and free of all tolls or other charges, for the purpose of installing the service being applied for and to place, operate, repair, maintain, relocate and replace thereon and in or upon all streets, roads or highways abutting said lands and electric distribution, including metering, lighting, and other facilities or to remove upon discontinuance of service for any reason and to cut, trim spray with defoliation agents, or remove trees and shrubbery to the extent necessary to keep clear of said electric lines or system and to cut down from time to time all dead, weak, leaning or dangerous trees that are tall enough to strike the wires in falling. Any member who has a locked gate will need a J.D.E.C. lock in addition to their personal lock.

I hereby authorize Jefferson Davis Electric Cooperative, Inc. to connect electric service at the above referenced physical address. I fully understand I am responsible for billing and payment for ALL electricity used until Jefferson Davis Electric Cooperative, Inc. is notified verbally or in writing that service is to be disconnected. I have received or already have a copy of the Cooperative's Member Handbook.

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

**Checking Account Draft**  
**Jefferson Davis Electric Cooperative**  
**PO Box 1229**  
**Jennings, LA 70546**

I authorize Jefferson Davis Electric Cooperative and the Financial Intuition named below to initiate entries to my checking account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the Financial Intuition 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my Financial Intuition statement or 60 days after posting, whichever occurs first.

Account# \_\_\_\_\_

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Intuition)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name-Please Print)

\_\_\_\_\_  
(Address)

Checking Account Number \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

**STAPLE VOIDED CHECK TO THIS AUTHORIZATION**

**Credit Card Draft Form**  
**Jefferson Davis Electric Cooperative**  
**PO Box 1229**  
**Jennings, LA 70546**

I authorize Jefferson Davis Electric Cooperative and the Financial Intuition named below to initiate entries to my checking account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the Financial Intuition 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my Financial Intuition statement or 60 days after posting, whichever occurs first.

Account# \_\_\_\_\_

\_\_\_\_\_  
(Name on Credit Card)

\_\_\_\_\_  
(Type of Credit Card)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name-Please Print)

\_\_\_\_\_  
(Address)

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

CCV Code # \_\_\_\_\_

**STAPLE COPY OF FRONT AND BACK OF CARD TO THIS AUTHORIZATION**

\*A convenience fee of \$3.95 per every \$300.00 will apply each month.

**SECURITY LIGHT APPLICATION**  
**JEFFERSON DAVIS ELECTRIC COOPERATIVE**  
**PO BOX 1229**  
**JENNINGS, LA 70546**

I would like a security light installed. I agree to keep the light connected at least 1 full year. If I disconnect before the year is up I will be billed the minimum charge for the rest of the 1 year term.

Account Name \_\_\_\_\_

Size Light \_\_\_\_\_  
(100, 400, 1000 Watt)

Location of the Light \_\_\_\_\_  
(What pole do you want light on? Light cannot be on meter pole.)

Face Light \_\_\_\_\_  
(Where do you want light facing?)

Sign \_\_\_\_\_

Date \_\_\_\_\_

**SECURITY LIGHT INSTALLATION FEES:**

100 WATT: \$25.00 Installation Fee (Approximately \$9.00/month)

400 WATT: \$40.00 Installation Fee (Approximately \$23.00/month)

1000 WATT: \$40.00 Installation Fee (Approximately \$32.00/month)

THE SECURITY LIGHT HAS TO BE INSTALLED ON A TRANSFORMER POLE OR WITHIN ONE SPAN.

IF YOU HAVE EXISTING SERVICE YOU WILL NEED TO MAKE AN APPOINTMENT WITH OUR ENGINEERING DEPARTMENT TO VIEW THE LOCATION.