



Cherokee Electric Cooperative

P.O. Box 0 • 1550 Clarence Chesnut Bypass • Centre, AL • 35960
Phone: (256) 927-5524 • (800) 952-2667 • Fax: (256) 927-1642

CYCLE 64/65 REGISTRATION FORM

Date _____

I hereby certify that I am 65 years old or older, and/or on disability/SSI so that I may qualify to have my electric bill(s) due each month to coincide with the date I receive benefits.

Please check one of the following:

_____ **Cycle 64 (bill due on the 22nd each month)**

_____ **Cycle 65 (bill due on the 8th each month)**

(Please provide DOB and/or a copy of letter of benefits.)

DOB

Signature

Customer's Name: _____

Date Benefits Received _____

Account Number: _____

Authorized by: _____