



Bill Credit Opt-In/Opt-Out

- I would like to opt **IN** and have the capital credit refund applied to the primary account listed below.
- I would like to opt **OUT** and receive a capital credit refund check sent by mail.

CORE Account Holder Name

Billing Address

City/State/ZIP

CORE Account #

By signing below, I am acknowledging this agreement.

Account Holder Signature

Date

Email this completed form to **AccountServicesContact@CORE.coop** or send via mail to CORE Electric Cooperative, c/o Account Services, 5496 N. U.S. Highway 85, Sedalia, CO 80135.