



## 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.

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CORE Account Holder Name

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Billing Address

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City/State/ZIP

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CORE Account #

**By signing below, I am acknowledging this agreement.**

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Account Holder Signature

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Date

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