

## **Automatic Service Transfer Agreement**

## Central Virginia Electric Cooperative

Member's name:	
Account number:	
Meter number:	Pole number:
Premises location:	
Applicant's permanent address:	
I hereby request Central Virginia Cooperative (herein the premise described above connected, in my name, in the disconnected, unless the order of disconnection be by	e event that anyone other than myself orders it
I agree to pay a Security Deposit upon request, if requi bills rendered in my name as a result of this agreement Cooperative from and against any liability resulting from	. Further, I agree to save harmless and indemnify the
I agree to notify the Cooperative by telephone, letter of DISCONNECTED INSTEAD OF TRANSFERRED.	or in person in the event the service is to be
The Cooperative agrees to read the meter and perform to the date requested by the consumer of record, tena dispute as to date of vacancy, lease or rent arrangement	nt or current occupant of the premises described. Any
<b>The Cooperative agrees</b> to notify, in writing, the applic made. This agreement does not apply where service is Transfer fee of \$25.00 will be waived, and Security Dep	disconnected for NONPAYMENT of bills. The Connect/
The term of this agreement shall not exceed 12 months year and may be cancelled upon written notice by either	
Applicant's home phone:	
Business phone:	
Social security number:	
Date:	
Signature:	