

**Prince George Electric Cooperative  
Capital Credit Refund Inquiry**

MEMBER NAME(S) ON ACCOUNT: \_\_\_\_\_

JOINT NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ CUSTOMER NUMBER: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MEMBER'S CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

LAST 4 DIGITS OF SSN: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

INQUIRY MADE BY: \_\_\_\_\_

RELATIONSHIP TO MEMBER: \_\_\_\_\_

**Mail Form to:**

Prince George Electric Cooperative  
P.O. Box 168  
Waverly, VA 23890  
Attn: Capital Credit