

Procedures for Request for Payment of Capital Credits Partnerships/LLCs

- 1. Provide a completed “Affidavit and Release” notarized by a Notary Public**
- 2. Provide a partnership/LLC/corporation income tax return for the year of capital credits being claimed showing claimant as partner/member/shareholder.**
- 3. Provide a photo ID, such as a driver’s license of the person claiming the capital credits.**

If proof of partner/member/shareholder of entity cannot be provided a check will not be issued.

If you have an old capital credit check from SEMO Electric Cooperative, please return the check to us so we may issue a new one. DO NOT cash or deposit the check.

Only one check per membership will be processed in paying a capital credit.

Upon receipt by the Cooperative of the properly completed documents, a capital credit check will be issued within 30 days if approved by management. Accounts with a delinquent balance, active or written off, will not be approved for payment.

If the deceased member’s estate was probated, please have the personal representative of the estate contact us.

After completing the required information please bring it to the Sikeston or Bloomfield office, or it may be mailed to:

**SEMO Electric Cooperative
P. O. Box 520
Sikeston, MO 63801**

Thank you!



AFFIDAVIT AND RELEASE
Request for Payment of Capital Credits
Partnerships/LLCs/Corporations



The undersigned hereby represents and acknowledges to SEMO Electric Cooperative, Inc.

- Being duly sworn, depose and states that he/she is a legal age and _____ (the Partnership/LLC/Corporation), was a member of SEMO Electric Cooperative.
- The partners/members/shareholders (payee) entitled to capital contribution by said former member to the Cooperative are as follows:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Except as stated above, there are no other existing partners/members/shareholders entitled to capital contributed by former member.
- Agrees the Cooperative will be released and discharged from any and all liability on account thereof, to jointly and severally indemnify and save harmless the Cooperative from any and all further claims, losses and expenses on account thereof, including attorney fees, which the Cooperative may incur, whether or not a law suit is filed.
- Understands and hereby acknowledges that providing false information may constitute theft pursuant to the State of Missouri statutes.

Signature of Claimant **Date**

State of _____
 County of _____
 Subscribed and sworn before me at _____, City of _____,
 State of _____, this _____ day of _____, _____.
 My Commission Expires:

 Notary Public