



OPT OUT FORM

Clarke Electric Cooperative

_____ **NO, I do not wish to participate in Clarke Electric Cooperative's Operation Round-UP program.**

NAME: _____

SERVICE ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

ACCOUNT #: _____

SIGNATURE _____

DATE _____

Fill out this form and return to the Cooperative office or call us at (800) 362-2154.



CLARKE
ELECTRIC COOPERATIVE, INC.

Safety Driven • Energy Smart • Community Invested

Your Touchstone Energy® Cooperative 