

Unclaimed Capital Credit Check Claim Form



This form is to be used to request reissuance of an Unclaimed Capital credit check that is IN YOUR NAME.

Complete Sections 1 and 2 and provide a copy of your ID.

Unclaimed checks will only be reissued if this form is complete & valid proof of member identification has been received.

General information/Request Fund Form Contact Number: 800-478-1818

Checks are issued on the third week of every month.

Return form to:

Alaska Village Electric Cooperative
Patronage Capital Refund Program
4831 Eagle Street
Anchorage, AK 99503

Section 1: Refund Request Made by Member (* Required Field)

Members are encouraged to include a copy of a past electric bill if available to assist in validating ID.

*Name (to whom the refund is due):

AVEC Member Number (if known):

*Current Mailing Address:

*Location (Community):

What year(s) did you have service with AVEC?

Last Mailing Address on record with AVEC:

*Social Security Number AND *Date of Birth

SSN

DOB

*Current Telephone Number

*Email Address (if available)

Section 2: Signature

*I, _____, certify
(PLEASE PRINT)

Send check to above mailing address

that I am entitled to receive the refund described above.

(SIGNATURE)

(DATE)