

# 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**.  
Please return form along with a copy of your ID and W9.



FORM

ID

W9

Unclaimed checks will only be reissued if this form is complete, and accompanied by a copy of valid member identification and a W9.

**Contact Member Services with questions:  
1-800-478-1818 phone/ 1-800-478-2389 fax  
memberinfo@avec.org email**

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

## Section 1: Refund Request Made by Member

Name (to whom the refund is due):

AVEC Member Number (if known):

Current Mailing Address:

Community:

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

*Last Mailing Address on record with AVEC:*

Social Security Number / Date of Birth

SSN

DOB

Current Telephone Number

Email Address

## 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)