

Take charge



of your  
payment schedule.

  
**Coastal**  
**Electric Cooperative**  
Your Touchstone Energy® Partner   
P O Box 109  
Midway, Georgia 31320  
[www.coastalelectric.coop](http://www.coastalelectric.coop)

  
**Coastal**  
**Electric Cooperative**  
Your Touchstone Energy® Partner 

## Does it seem like every month your electric bill comes due before your social security or disability check arrives?

Worrying about payments while waiting for a check isn't convenient for anyone, so why not take charge of your payment schedule? Sign up for Coastal Electric Cooperative's Senior Advantage Plan.

### Its All In The Timing.

Coastal Electric Cooperative can't control when you receive your check, but we can let you control when you receive your electric bill.

Sign up for this program and your electric bill and government check should arrive about the same time. Your meter will be read every 30 days. Your bill will be issued the 27th of each month and due on the 17th of the following month. This way, your electric bill and your government check will arrive at about the same time.

If you'd like to apply for the Senior Advantage Plan, complete the form on the right and mail it to us or drop it by our office ... whichever is more convenient for you.

For more information about Coastal Electric's the **Senior Advantage Plan**, call  
**912.884.3311** or  
**1.800.421.2343**  
or visit us at [www.coastalelectric.coop](http://www.coastalelectric.coop)

*The Touchstone Energy® symbol is your assurance that we're a community-minded cooperative providing high standards of service to customers large and small.*

P O Box 109 • Midway, Georgia 31320



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## Request for the Senior Advantage Plan

NAME (AS SHOWN ON ACCOUNT) \_\_\_\_\_

ADDRESS (AS LISTED ON COASTAL'S ELECTRIC BILL) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

#### Conditions of this Agreement:

1. Member must be on Social Security or Disability .
2. Proof of age may be required.

I hereby certify that I am eligible for the Senior Advantage Plan by virtue of the fact that I am currently receiving Social Security or Disability benefits.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

To receive information about our other payment options, place a check beside the programs listed below that interest you.

Levelized Billing

Bank Draft