



For office use only:

LOCATION ID: _____

ACCOUNT #: _____

NEW
ACCOUNT #: _____

USER TRANSFER CONTRACT

MUST BE COMPLETED BY LANDOWNER

The officials of EJ Water Cooperative are operating a water distribution system in south central Illinois.

MEMBER INFORMATION

MEMBER(S) NAMES (PRINTED): _____

LOCATION ADDRESS: _____

CHECK ONE:

☐ NEW HOME ☐ EXISTING HOME ☐ BUSINESS ☐ GOVERNMENT ENTITY (TYPE) _____ ☐ FARM (TYPE) _____

MAILING ADDRESS (IF DIFFERENT THAN LOCATION): _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

☐ LANDLINE ☐ CELL CARRIER _____ ☐ LANDLINE ☐ CELL CARRIER _____

In the future would you like to be notified by text for billing, outages, updates, etc.? _____ ☐ YES ☐ NO

EMAIL: _____

ARE YOU INTERESTED IN: ☐ AUTOMATIC WITHDRAW ☐ PAYING YOUR BILL ONLINE

In an effort to **GO GREEN**, we will be sending you an E-bill, if you would like a printed bill, check here. ☐

Please answer the following questions:

1. How many people live in the home? _____

2. Do you have a pool? yes___ no___ If yes, what size? _____

3. Check all other water uses that may apply to you:

☐ PETS(#)_____ ☐ GARDEN ☐ IRRIGATION SYSTEM ☐ LIVESTOCK (TYPE)_____ ☐ OTHER_____

4. Do you think you would qualify for low income assistance? _____ ☐ YES ☐ NO

5. Have you ever been asked to give a right-of-way easement to EJ Water? _____ ☐ YES ☐ NO

6. Have you or any former owner of this property ever refused to give EJ Water an Easement? _____ ☐ YES ☐ NO

7. Have you ever had water service before with EJ Water? _____ ☐ YES ☐ NO

8. Has EJ ever incurred any bad debts because of you or your spouse? _____ ☐ YES ☐ NO

9. Do you OWN the property up to the road? (Not an easement) _____ ☐ YES ☐ NO

FOR OFFICE USE ONLY: Rec'd _____ WB _____ \$ _____ Laserfiche _____ Membership _____ Cycle _____

First Bill Date _____ Final Reads _____

EW071025



USER TRANSFER CONTRACT CONTINUED

Please read the following terms and conditions and initial below:

- I (we) agree to receive water service by becoming a member of EJ Water Cooperative and to pay the charges required by the rules, rates and regulations of the governing board including the monthly minimum and annual rate increases.
- I (we) understand that I am required to install an expansion tank (if one is not already installed).
- I (we) further agree, as a condition of obtaining water service to grant to EJ Water Cooperative, Inc. an easement across the above property as may be necessary for the construction, operation and maintenance of the water line.
- In the event I (we) breach this contract by refusing or failing, without just cause, to connect to the system or pay the minimum monthly rate, I (we) understand that I (we) forfeit the entire cost of the project. I (we) further understand that unpaid bills shall constitute a lien upon my real estate, and legal action can be pursued to collect the delinquent charges.
- In the event, this membership is transferred to another party, I understand there is a processing fee as set by the Board of EJ Water.
- I (we) understand that EJ Water Cooperative reserves the right to restrict the use of water to all users of the system in the same ratio during periods of emergency should the Board of Directors of EJ Water Cooperative deem it necessary.
- I (we) agree not to supply water to any other person or premises without written consent from EJ Water Cooperative.
- I (we) agree to make no claim against EJ Water Cooperative by reason of damage arising from the shutting off of water for repair, relocation, or expansion of any part of the water system or for the failure of any part of the water system or for the restriction of the use of water from the system.
- I (we) agree not to make any cross connection between the EJ Water System and any other system that could in any way allow water to flow backward into the EJ System.
- I (we) agree to pay a 10% penalty to each bill that is unpaid fifteen (15) days after mailing. If any bill remains unpaid thirty (30) days after mailing, the water supply to my property will be shut off by EJ Water Cooperative, and service will not be restored until the delinquency and penalty is paid in full.
- I (we) will be automatically enrolled in the Water Service Line Protection Program for a monthly fee. Visit www.ejwatercoop.com/wslpp for more information on the program, including opt out information. ____ (Initial)

I have read the terms and conditions: _____ (Initial)

USER TRANSFER CONTRACT CONTINUED

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname."

Ethnicity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race: (Mark all that apply)

- ☐ White ☐ Asian
☐ Black or African American ☐ Native Hawaiian or
Other Pacific Islander
☐ American Indian/Alaska Native

Gender:

- ☐ Male
☐ Female

Non-Discrimination Statement: This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, Washington, DC 20250-9410

I (we) understand that a membership fee was previously paid to establish water service. I agree to pay a \$25 transfer fee for this account to be put into my name now.

Signature (buyer)

Signature (buyer)

Date

Closing/Effective Date

TRANSFER INFORMATION

I/We, the previous owners, signed a membership contract with EJ Water Coop and agree to allow our membership to be transferred because we have sold all or a part of the above-described property where we presently receive or intend to receive water service. I/We understand that our membership fee will be transferred and will be credited to the new owner(s) of our property. I/We understand that if we are selling this on contract that I/We may be liable for delinquent water charges if the contract fails to be completed.

Signature (seller)

Signature (seller)



EJ WATER

NEVER WORRY
LATE PAYMENTS
AGAIN!

DIRECT PAYMENTS (ACH DEBITS)

AUTHORIZATION AGREEMENT

I (we) hereby authorize EJ WATER COOPERATIVE to initiate debit entries to my (our) indicated below at the depository financial institution named below, hereafter call DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

MEMBER INFORMATION

BANK NAME: _____

ROUTING NUMBER: _____ **ACCOUNT NUMBER:** _____

ACCOUNT TYPE:

☐

CHECKING

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (PLEASE PRINT)

SIGNATURE

NAME (PLEASE PRINT)

SIGNATURE

SERVICE ADDRESS: _____ **DATE:** _____

FOR OFFICE USE ONLY:

Account Number: _____ Location ID: _____



www.ejcoop.com



108 S. Main St. | Dieterich, IL 62424 | P.O. Box 8



ejwater@ejcoop.com



217-925-5566

MEMBERSHIP APPLICATION - EJ Water Cooperative Inc

1. MEMBER INFORMATION (please print)				
Primary Member First Name		Primary Member Last Name		
Home Phone Number ()	Cell Phone Number ()	Date of Birth / /		
E-mail Address		Current Member Household ID#		
Mailing Address	City	State	Zip	County
Home Address (if different than above)	City	State	Zip	County





I AGREE TO THE TERMS AND CONDITIONS V.01.2021 (shown within this document) FOR ALL MEMBERSHIP PRODUCTS I AM PURCHASING.

Initials	Date
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FOR QUESTIONS OR TO ENROLL BY PHONE:

Ryan Storm
Membership Sales Manager
217-441-1386
Ryan.Storm@gmr.net
AMCNRep.com/ryan-storm

2. ADDITIONAL HOUSEHOLD MEMBERS (for additional members, write in empty space on this application)		
Secondary Member First Name	Secondary Member Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /
First Name	Last Name	Date of Birth / /

3. MEMBERSHIP AND BILLING OPTIONS (select one)											
<input type="checkbox"/> Monthly Membership Payment Option I authorize EJ Water Cooperative Inc to add \$5.00 per month to my bill and to disperse the money as payment for my AirMedCare Network Membership. I understand that this authorization will stay in effect as long as I am a member of AirMedCare Network, or until I submit a cancellation in writing. Signature as it appears on bill _____ Account number (if known) _____ A member's membership will be effective 15 calendar days after receipt by AirMedCare Network of the member's first monthly Membership fee and will continue thereafter as long as monthly Membership fees are paid, but will terminate automatically without notice if no monthly Membership fee is received by AMCN from member for a 60 calendar day period. A member may discontinue their AMCN membership at any time by signing a discontinuation notice (as provided by AMCN). <u>EJ Water Cooperative Inc and AirMedCare Network are not affiliated.</u> EJ Water Cooperative Inc is not responsible for any of AMCN's acts or omissions, and AMCN is not responsible for any of EJ Water Cooperative Inc acts of omissions. All AMCN membership relations are directly between AMCN and it's members. By signing this authorization I agree to the terms stated above and acknowledge that I authorized to have the additional \$5.00 AMCN fees added to my EJ Water Cooperative Inc bill. I also understand that I will communicate directly with AirMedCare Network for Membership Member Service. Please return this application with your next water bill. <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> X Signature required _____ Date </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR OFFICE USE ONLY PLAN CODE 3135 </div> </div>	<table border="1" style="width: 100%;"> <thead> <tr> <th>AMCN EMERGENT COVERAGE</th> <th>10 YEAR*</th> <th>5 YEAR*</th> <th>3 YEAR*</th> <th>1 YEAR</th> </tr> </thead> <tbody> <tr> <td>Discounted Rate</td> <td><input type="checkbox"/> \$589</td> <td><input type="checkbox"/> \$299</td> <td><input type="checkbox"/> \$199</td> <td><input type="checkbox"/> \$79</td> </tr> </tbody> </table> <p style="font-size: small;">* Multi-year memberships not available in AK & CA. 10-year membership not available in IN. Terms & conditions apply.</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <input type="checkbox"/> Check or Money Order Payable to: AirMedCare Network, P.O. Box 948, West Plains, MO 65775 <input type="checkbox"/> Automatic checking account transfer (attach a voided check) <div style="display: flex; justify-content: space-between;"> <div>Name on Bank Account _____</div> <div>Routing Number _____</div> <div>Account Number _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> Credit Card</div> <div> <input type="radio"/>  <input type="radio"/>  <input type="radio"/>  <input type="radio"/>  </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Credit Card Number _____</div> <div>Expires _____</div> <div>3 digit CVV# _____</div> </div> </div> <div style="font-size: small; margin-top: 10px;"> STATEMENT OF AUTHORIZATION I authorize AirMedCare Network to initiate the EFT withdrawal as indicated on this form. If I have elected to pay via credit card, I agree to abide by all terms and conditions of my credit card agreement. If I have elected to pay via EFT, I authorize my financial institution to transfer the amount indicated on the attached voided check to AirMedCare Network. Adjusting entries to correct errors are also authorized. It is agreed that these debits and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA). </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 20px;"> X Signature required for automatic withdrawal _____ Date </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR OFFICE USE ONLY PLAN CODE 2004 </div> </div>	AMCN EMERGENT COVERAGE	10 YEAR*	5 YEAR*	3 YEAR*	1 YEAR	Discounted Rate	<input type="checkbox"/> \$589	<input type="checkbox"/> \$299	<input type="checkbox"/> \$199	<input type="checkbox"/> \$79
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Discounted Rate	<input type="checkbox"/> \$589	<input type="checkbox"/> \$299	<input type="checkbox"/> \$199	<input type="checkbox"/> \$79							



FOR OFFICE USE ONLY		
GET CODE	TRACK CODE	PLAN CODE
	15009	2004
COUPON CODE		
2004-IL-BUS		



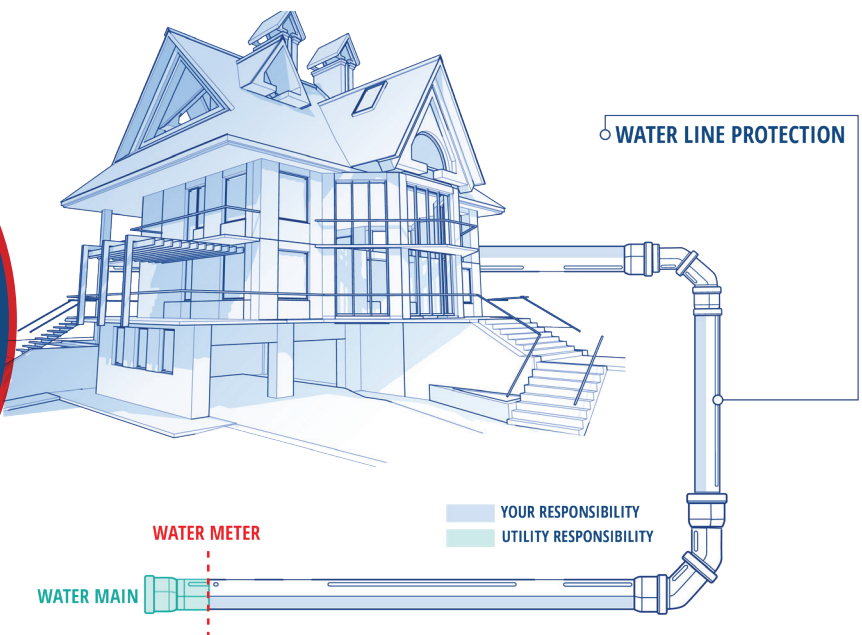
WATER SERVICE LINE PROTECTION PROGRAM

EJ Water Cooperative is excited to be offering a new member-exclusive service that provides members with water loss coverage. Through our Water Service Line Protection Program, members have access to water line repair or replacement coverage due to normal wear and tear of a leaking, low pressure or permanently blocked exterior water line from the meter to the home, which is currently the members sole responsibility.

PROGRAM EXCLUSIVE
TO EJ MEMBERS

\$3.95/MO






PEACE OF MIND
& PROTECTION.



Enrollment: To ensure all members have access to the protection this program offers, we have automatically enrolled members.

Opt-out: Members can opt-out at any time by going to the url below:
www.ejwatercoop.com/wslpp

WHAT IS COVERED?

-  Cost of Water Loss due to a leak
-  Leak Coverage
-  Repair or replacement
-  Leaks Up To an Outside Hydrant
-  Leak at the Foundation

FOR FULL DETAILS ON THE PROGRAM AND/OR TO OPT-OUT,
VISIT: www.ejwatercoop.com/wslpp