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Application for Golden Advantage

The Golden Advantage Service allows qualifying Senior Citizens who depend on fixed retirement income to have their electric bills due on the fifth of each month.

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____

Social Security Number: _____

Primary Income: (Please check one)

_____ Social Security Retirement _____ Veterans Retirement

_____ Social Security Disability _____ Veterans Disability

_____ Other Retirement (If checked here, please list name of retirement program below)

Please attach a copy of proof of fixed income, or if primary income is for total disability, a copy of the disability award.

I hereby certify that the above income is my primary source of income.

Date

Signature of Member-Owner

| | |
|-------------------|---------------------------|
| For Office Use | |
| _____ | _____ |
| Member-Owner Name | Discount |
| _____ | _____ |
| Account Number | Date Application Received |