



# CONTINENTAL DIVIDE ELECTRIC COOPERATIVE, INC.

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## FOR OFFICE USE ONLY

Date received \_\_\_\_\_  
Processed by \_\_\_\_\_  
Action taken \_\_\_\_\_

Revised 1/18

## Capital Credit Refund and Name Change Request Form (Please print all answers)

1. What is the name you saw **published** in the *enchantment* magazine? Please spell the name below as it was spelled in the *enchantment*:  
\_\_\_\_\_
2. Was the name spelled correctly?     yes     no    If **no**, please enter the correct spelling below:  
\_\_\_\_\_
3. Please provide the **current** mailing address for the name you saw published in the *enchantment* magazine.  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_
4. Is the name published **you**, a **business you own**, a **relative** or **other**? Please print your answer below:  
\_\_\_\_\_
5. If you answered **relative** or **other** above, what is your **relationship** to this individual or business?  
\_\_\_\_\_
6. If you answered **relative** or **other** above, is this individual deceased?     yes     no  
If individual is deceased, please attach appropriate legal documentation, as proof.
7. If the name you saw is **you** or a **business you own**, are you requesting a **name change** for past and/or future capital credit checks?     yes     no    If you answered yes, state below why (i.e., divorce, marriage, legal name change, business closed, etc.) and attach appropriate legal documentation, as proof:  
\_\_\_\_\_
8. Is there an **additional name** to be added to current/future capital credit checks?     yes     no  
If yes, provide name and attach appropriate legal documentation (marriage/divorce/death certificate or proof of name change), as proof: \_\_\_\_\_
9. In the space below, write the physical address of the residence(s) and/or commercial building(s) that **received** service from CDEC in **1990**? (*Note: These are the years for which CDEC is currently retiring capital credits. If the name you are providing information for **did not** receive service from CDEC during these years, the name might not be the same individual for whom CDEC has a capital credit disbursement check.*)  
\_\_\_\_\_
10. If you want capital credit check amount(s) **applied** to your account, provide your open account number:  
\_\_\_\_\_
11. If you want to **donate** the capital credits to CDEC's Education Foundation, select option below:  
 Apply all future years of retirement                       Apply only the current year of retirement.