



Clay Electric Cooperative, Inc.

A Touchstone Energy® Cooperative 

Six convenient district office locations:

Orange Park (904) 272-2456
734 Blanding Boulevard
Orange Park, FL 32065

Keystone Heights (352) 473-4917
P.O. Box 308 S.R. 100 West
Keystone Heights, FL 32656

Salt Springs (352) 685-2111
P.O. Box 5500 C.R. 316
Salt Springs, FL 32134

Palatka (386) 328-1432
300 North S.R. 19
Palatka, FL 32177

Lake City (386) 752-7447
1910 SW Main Blvd.
Lake City, FL 32025

Gainesville (352) 372-8543
8616 Northwest 39th Avenue
Gainesville, FL 32606

Seniors Plan



**An extended payment
plan for members
62 and older.**



Clay Electric Cooperative, Inc.

The Seniors Plan

The Seniors Plan is a special extended payment plan which provides participating members an extra 21 days without penalty to pay their electric bill. This takes into consideration that members may receive Social Security, retirement, or disability checks on a date that doesn't always coincide with the due date of their current electric bill.

To qualify for the plan a member must be at least 62 years old or disabled. A Seniors Plan participant account will be past due after 35 days if they have not paid their electric bill. Other co-op member accounts are past due after 17 days. However, while other members' accounts are delinquent if the bill is not paid within 24 days, Seniors Plan participants' accounts are delinquent if not paid within 45 days. Then, if payment in full is not received by the extended date, a late charge of \$3 or 1.5% of the delinquent amount (whichever is greater) will be added and the member may be removed from the Seniors Plan.

You can apply for the Seniors Plan by filling out the application on the opposite page and mailing the application with your next electric bill payment. Or mail at any time in a separate envelope to: Clay Electric Cooperative, Inc., Attn: Seniors Plan, P.O. Box 308, Keystone Heights, Florida 32656-0308. Seniors may also apply by phone or in person at your district office. Applicants under age 62 must provide a statement of disability (Benefit Verification Statement/Form TPQY from Social Security Administration) to begin participation.

If you have any questions, please call your local district office.

Application for Seniors Plan

Customer Number _____

Name _____
(please print as it appears on your electric bill)

Address _____

City/Zip _____

Telephone Number _____

Meter Number _____

Social Security # _____

Age _____

Date of Birth _____

My primary income source is:

Social Security

Other: _____

I certify that the information above is accurate and grant Clay Electric Cooperative permission to verify information submitted on this application. I understand the Seniors Plan is a payment date extension plan and that payment must be received within the 45 days allowed.

Customer's Signature

Date _____