

# Notice to Electric Consumers of North West REC

As a customer of North West Rural Electric Cooperative, help is available to you in resolving possible complaints about your electric services. You can contact a cooperative representative at the following address and telephone number during regular office hours:

North West REC - 1505 Albany Place SE, PO Box 435 - Orange City, IA 51041-0435  
(712) 707-4935 • 800-766-2099 • [nwrec@nwrec.coop](mailto:nwrec@nwrec.coop) • [www.nwrec.coop](http://www.nwrec.coop)

If your complaint is related to service disconnection, safety or engineering standards, or renewable energy and North West REC does not resolve your complaints, you may request assistance from the Iowa Utilities Board by calling (515) 725-7321, or toll-free 1-877-565-4450, by writing to 1375 E. Court Avenue, Des Moines, IA 50319-0069, or by email to [customer@iub.iowa.gov](mailto:customer@iub.iowa.gov).

This institution is an equal opportunity employer, provider, and lender.



# RECare - CONSUMER CONTRIBUTION FUND

Your Rural Electric Cooperative has always extended a helping hand to those in need. In response to actions by the Iowa General Assembly, your REC has established RECare, a program of members helping members. RECare will provide funds to be distributed by local community action agencies to help pay winter heating bills and to assist in weatherization of homes of low-income consumers. You may make a one time contribution or you may make a monthly pledge that will be automatically added into your monthly electric bill. You may also make your contribution part of a matching fund, if there is one established. Your contribution is tax deductible. Even a dollar a month pledge will help others!

You care, we care, RECare.

Please return form along with your monthly bill.

## CONSUMER AUTHORIZATION FORM

Yes, I want to be a part of members helping members and contribute to RECare.

\_\_\_\_\_ I will make a one-time contribution to RECare. My check is enclosed.

\_\_\_\_\_ I will contribute \$\_\_\_\_\_ per month to RECare. I understand that this amount will be automatically added to my monthly electric bill.

\_\_\_\_\_ My gift is a matching fund gift. The matching fund is \_\_\_\_\_ (an active matching fund must be designated).

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_