



Please complete this form to apply for NYSEG service. To expedite this request, e-mail an electronic copy of this form to custserv@nyseg.com or complete it online at nyseg.com (click on "Your Account," "Turn Service On or Off" and then on "Turn On Service").

Completion of this form does not guarantee service. You may be required to provide additional information and/or pay a deposit. If you need to provide a deposit as a condition of service, we will notify you.

New Customer Name _____ e-mail _____ (This e-mail will only be used to contact you regarding your NYSEG service)

Service Address _____ Apt. _____ City _____ State _____ ZIP _____

Mailing Address _____ Apt. _____ City _____ State _____ ZIP _____ (If different from service address)

Home Telephone _____ Cell/Other Telephone _____

>> You must provide NYSEG with two forms of verifiable identification: Social Security Number _____

Driver's License Number _____ and State _____ Other ID Type _____ and ID Number _____

Employed? Yes No If yes, where _____ Student? Yes No If yes, where _____

Student Permanent Home Address _____ City _____ State _____ ZIP _____ (If different from new service and mailing address)

Other adult(s) authorized to discuss this account _____ Relationship _____

Any residents on life support devices or have a serious medical condition? If so, please detail. _____

Any special needs in the household? Blind, disabled or all residents 62 or older and/or under 18 Receiving Social Security or Public Assistance

Ever had service with NYSEG? If so, please provide your prior address or account number. _____

How long will you be needing service? _____ Date Desired to Start Service _____ (Monday through Friday, Non-Holidays)

Service Requested: To expedite service, please provide meter readings below or e-mail a photo of the meter(s) to custserv@nyseg.com. Please include meter number(s) in your e-mail subject line, if the service is on.

Electricity: Meter Number _____ Meter Reading _____ Date of Meter Reading _____

Natural Gas: Meter Number _____ Meter Reading _____ Date of Meter Reading _____

MONTHLY BILLING AND PAYMENT SERVICES (Optional, see page 2 for descriptions of these services. For payment terms and details, visit nyseg.com.)

Billing services: Budget Billing e-Billing (please provide information below) Customer Meter Reading (select one option): Phone e-mail

For e-Billing: e-mail address (required) _____

Please answer two security questions: City born in _____ Mother's maiden name _____

Name of your high school _____ Favorite pet's name _____

Electronic Funds Transfer Enrollment: YES, I authorize NYSEG to make arrangements with the financial institution listed below to deduct my NYSEG payments, including any previous balance, from my checking account.

Name on Bank Account _____ (Exactly as it appears on your bank statement)

9-Digit Routing Number _____ Bank Account Number _____

THIRD PARTY NOTIFICATION SERVICE (Optional, see page 2 for description)

I (NYSEG customer) request any notice of possible disconnection of my NYSEG service for nonpayment of bills also be mailed to:

Third Party Name _____ Relationship _____ Telephone _____

Third Party Address _____ City _____ State _____ ZIP _____

I hereby certify the information provided on this application is accurate and correct to the best of my knowledge.

X _____ Customer Signature Date

> Continued on page 2