

Check # _____

Re-write date _____



Capital Credit Unclaimed List

Patron's Name on Unclaimed List _____

Capital Credit Number(s) _____

Check Amount \$ _____

NAME THE CHECK SHOULD BE MADE OUT TO: _____

Address the check should be mailed to: _____

City _____ State _____ Zip _____

Phone # _____

Date of Birth of person receiving the
check _____

Signature _____

Date _____

Please sign this form and return to RushShelby Energy. A check will be issued once the form is received.

If you have any questions please call Trudy Jones at 765-544-2924