



## NAME CHANGE REQUEST

Required written proof for a change can be a release from the former party, an addition of a co-applicant, divorce certificate, marriage certificate, and death certificate or heirship affidavit.

Please provide the following information and return to our Customer Service department. If you have any questions concerning the above, please call 903-455-1715 or toll free 1-800-541-2662 and request to speak to a Customer Service Representative. Thank you.

ACCT# \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MI

DL# \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

**Please provide copy of TDL**

HOME# \_\_\_\_\_ CELL# \_\_\_\_\_ WORK# \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

911 ADDRESS IF DIFFERENT FROM BILLING ADDRESS \_\_\_\_\_

CO- APPLICANT NAME \_\_\_\_\_

CO-APPLICANT CELL# \_\_\_\_\_ CO-APPLICANT WORK# \_\_\_\_\_

CO-APPLICANT DL# \_\_\_\_\_ DOB \_\_\_\_\_ CO-APPLICANT SS# \_\_\_\_\_

**Please provide copy of TDL**

DESCRIPTION OF SERVICE: (EX. BROWN DW MH, W/WHITE TRIM)

YOUR SIGNATURE INDICATES ACCEPTANCE OF ALL RESPONSIBILITY, LIABILITIES AND ASSETS FOR THE ABOVE CAPTIONED ACCOUNTS.

COPY OF VALID DRIVER'S LICENSE OR GOVERNMENT ISSUED PICTURE IDENTIFICATION REQUIRED FOR EACH SIGNATURE. IDENTIFICATION IS SUBJECT TO VERIFICATION AND VALIDATION VIA CREDIT REPORTING AGENCY.

MEMBER SIGNATURE

CO-APPLICANT SIGNATURE

Please Return To:

Fax: 903-453-0784

Phone: 903-455-1715

800-541-2662

Or Mail To:

Farmers Electric Cooperative

2000 East I-30

Greenville, Texas 75402



# Farmers Electric Cooperative

A Touchstone Energy® Cooperative 

FOR FARMERS ELECTRIC COOPERATIVE MEMBER RELEASING ACCOUNT(S): \_\_\_\_\_

I, \_\_\_\_\_, DO HEREBY RELEASE THE

REVERSE NUMBERED AND ASSIGNED ACCOUNT TO \_\_\_\_\_ I

UNDERSTAND THAT BY SO DOING, I RELINQUISH ALL RIGHTS AND PRIVILEGES AS A MEMBER

OF FARMERS ELECTRIC COOPERATIVE, INC., AND ALL MONEY AND CREDITS THEREIN

CONTAINED.

\_\_\_\_\_  
Original bill name(s) - PRINTED

\_\_\_\_\_  
SIGNATURE

GIVEN UNDER MY HAND AND SEAL THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_